

**FINANCIAL POLICY**

Thank you for choosing Augusta Plastic Surgery Associates, P.C./Augusta Plastic Surgery Center, Inc. as your health care provider. We are committed to providing you with high quality health care and compassionate services.

Please understand that payment of your bill is considered a part of your treatment. Therefore, we require you to read and sign our Financial Policy as well as complete our Patient Information and Insurance form before receiving any services.

**REGARDING INSURANCE (TO INCLUDE MEDICARE AND MEDICAID)**

**All co-payments and deductibles are due prior to treatment.** Our office will file your claims with your insurance as a courtesy to you and will assist you as much as possible with this process. However, we ask that you cooperate with us by making sure that you provide us with the correct information regarding your insurance policy and inform us of any changes to this information as they occur. Although we will be filing your claims, you need to realize that the insurance agreement is between you and your insurance company and we are not a party to that contract. Our bill for services is an agreement between you and the physician and/or surgery center.

You should also be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance. As such, if for some reason your insurance company has not paid your account within 45 days of our filing, the balance will be automatically transferred to your responsibility. We will expect payment within 30 days of you receiving a statement from us.

Your insurance company may require a referral from your primary care physician. If this is the case, it is your responsibility to obtain this prior to your initial visit and for each visit thereafter. Failure to do this may result in your being responsible for payment of the entire consultation and/or surgical fee at the time of each visit.

**USUAL AND CUSTOMARY RULES**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**COSMETIC PATIENTS**

Most cosmetic procedures are not covered by insurance. These procedures are expected to be paid in full one week prior to surgery. Financing is available for those who qualify. A consultation fee will apply on your first office visit. However, follow-up cosmetic visits are at no charge for up to one year after having a surgical procedure. Specific fees for cosmetic procedures will be discussed after you have completed your initial consultation.

If you are having a cosmetic procedure performed along with a procedure that is to be covered by your insurance company, you are still responsible for any applicable co-payments, co-insurances and deductibles as specified by your insurance plan along with the fees for the cosmetic procedure. Billing and payment for cosmetic and insurance procedures (even when performed on the same date) are processed separately.

**PAYMENT METHODS**

We accept check, cash, credit cards (American Express, Discover, Visa and MasterCard) and ATM debit cards.

**CLOSING**

By signing below, you acknowledge that you understand and accept our Financial Policy. Your signature also authorizes us to file claims on your behalf to your insurance company, Medicare or Medicaid (whichever appropriate) and for those benefits to be made payable to Augusta Plastic Surgery Associates, P.C./Augusta Plastic Surgery Center, Inc. on your behalf.

X \_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

«Person First Name» «Person Last Name»  
Patient's Name

Chart Number: «Person ID»

Randolph R. Smith, M.D. • Billy P. Lynn, M.D. • Christopher J. Ewart, M.D.