

Carolina Coastal Plastic Surgery & Medical Spa

Financial Policy

Please take a moment to read this document thoroughly, sign and date the bottom indicating that you understand and agree to comply with these policies.

Payment for all services by our practice is due in full at the time the services are rendered, we reserve the right to charge interest on any accounts showing a balance due. Exclusion to this policy includes those patients who are a member of a health care organization with which CCPS participates.

If you are a member of a health care organization that CCPS participates with, we will file your visit with this organization and your co-payment is expected at the time you arrive for your appointment. If your insurance is one that we *do not* contract with, you will be given appropriate receipts for you to file with your insurance for direct reimbursement to you.

Medicare patients are responsible for their co insurance, deductible and any services deemed *Medically Unnecessary* by Medicare. If there are any services that Medicare deems not *Medically Necessary*, or *non covered* services, you will be held responsible for this cost.

Patients will receive a monthly statement itemizing the services rendered, claims submitted on their behalf, payments received, and appropriate balance due.

You will be billed in full for any services that your health plan deems to be non covered services or any balances due after we have received payments from your insurance carrier. All patient balances are payable in full 14 days after receipt of this statement.

It is the policy of CCPS that any patient at the age of eighteen years or older will be financially responsible for all charges incurred. CCPS does not get involved with divorces or separations. For any patient under the age of eighteen, the parent who accompanied the minor for their first visit will be financially responsible for all charges incurred.

In the event that you are hospitalized, CCPS will bill all services rendered by our physicians in relation to that hospitalization with your health plan. Any services rendered by the hospital staff, will be billed separately by the hospital.

CCPS accepts cash, personal checks, money orders, traveler checks, MasterCard, Visa, and Discover Card as payment for services rendered.

A \$25.00 Return Check fee will assessed to your account for every check returned to CCPS as non-payable.

CCPS reserves the right to turn any patient over to an attorney and/or collection agency if it is deemed that the account has been in default of the payment obligations or compliance of this policy. A \$10.00 processing fee will be charged to your account if this action is taken.

In the event that you are unable to make your scheduled appointments, please cancels at least 24 hours prior to the appointment.

The waiver of deductions and co-pays is unlawful and may be construed by the Federal Government as Insurance Fraud.

I have read and understand the above Financial Policy of CCPS. I agree to the terms outlined in this policy and understand that if I do not adhere to this policy, I may be turned over to an attorney and/or collection agency for payment of debt. THIS ASSIGNMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING

Signature of Patient/Responsible Party

Date

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