



CHARLESTON OCULOFACIAL P L A S T I C S U R G E R Y

FINANCIAL POLICY

Thank you for choosing Charleston Oculofacial Plastic Surgery. Please read this document carefully. A copy will be provided to you upon request.

1. **Insurance:** Our participation with your insurance plan will be verified during your registration for each office visit. If you are not insured by a plan or do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. You may be required to pay any deductibles or co-pays you may have with your insurance company prior to any procedure/surgery being performed.
3. **Insurance payment:** Your insurance company requires us to tell you that we will bill your insurance company (accepting assignment) and your insurance company will reimburse Charleston Oculofacial Plastic Surgery.
4. **Nonpayment.** Payment on all accounts billed is expected within 30 days. If payment is not received within 30 days, there may be administrative fees. If your account is over 120 days past due, we may refer your account to a collection agency, and you may be discharged from this practice. Should this occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care.
5. **Missed appointments.**
 - a. Office visits: We understand that unforeseen circumstances may cause you to miss an appointment. We ask for 48 hours advance notice for cancellations/rescheduling to avoid a \$75 fee.
 - b. Surgery Cancellation/Rescheduling: If you cancel or reschedule your surgery for a service covered by your insurance within 14 days of surgery date, there will be a \$75 fee.
6. **Self-Pay and elective cosmetic.** A quote for your procedure will be provided to you. This quote will be honored for 180 days. A \$1000 deposit will be required at the time of surgery scheduling and this fee will be credited towards your procedure on the agreed to surgery date. This fee becomes non-refundable at 14 days prior to your surgery date. The remainder of the balance is due 21 days prior to surgery. This balance is 50% refundable if surgery is canceled or rescheduled by the patient between 8-14 days prior to surgery. There is no refund for cancellations or reschedule 7 days or less prior to surgery date. We do not accept cash over \$150.00.
7. **Requests for medical records.** If you need a copy of all or portions of your medical record, please complete a Release of Information Consent form provided to you by the office. Please allow at least 2 weeks for copying. If you need your records copied sooner, please let the front office know and we will do our best to accommodate you. We charge \$0.65 for the first 30 pages then \$0.50 per page for the remaining pages as well as a \$15.00 clerical fee and actual postage and applicable sales tax.
8. **Refunds.** If you have made a payment with a credit card for which you later request a refund, please note there is a 5% transaction fee applied to such refunds.



CONSENT FOR TREATMENT

I hereby authorize Charleston Oculofacial Plastic Surgery to examine and treat with medical care consistent with current community standards. I acknowledge that the practice of medicine is not an exact science, and no guarantees can be made concerning the results of treatments. I authorize Charleston Oculofacial Plastic Surgery to release information acquired in the course of my examination and treatment to my insurance carriers.

MEDICARE BENEFICIARY

If you have Medicare, Charleston Oculofacial Plastic Surgery will submit a completed insurance form to Medicare. Their guidelines permit us to obtain a one-time signature that is valid for this and future visits to our office. Upon agreeing to this policy, the notation "SIGNATURE ON FILE" will appear in lieu of your signature on all Medicare forms submitted for you by our office.

Charleston Oculofacial Plastic Surgery is committed to providing the most compassionate treatment to you and your family. Thank you for understanding our policies. Please let us know if you have any questions or concerns!