

Plastic & Reconstructive Surgery, PC

Jim N. Brantner, MD

FINANCIAL POLICY

In order to maintain accurate records on patient accounts and keep costs to a minimum, we have established the following policy. Please read it carefully. If you have questions, please feel free to discuss them with our insurance/billing coordinator or office manager.

- ❖ The law requires that we collect *copays and deductibles*, and we expect payment at the time of service.
- ❖ Current insurance information is necessary. The law states that is the patient's responsibility to provide accurate information regarding insurance coverage. You must be knowledgeable about your coverage, and always bring all your insurance cards when you come for your appointments: *they will be checked every time*. If you have questions about your insurance, ask to speak with our insurance coordinator. We will do our best to help you understand how your insurance does or does not apply to your office visit or procedure.
- ❖ Insured visits and/or procedures will be billed to your insurance, and we will work with them to obtain payment for covered services. There may be times that you will need to get involved, and we expect you to assist should the insurance carrier require something from you. If a charge is denied due to lack of patient response to supply information, the entire charge will be due immediately from the patient.
- ❖ You are responsible to know if Dr. Brantner participates with your insurance, and to get a referral from your primary care physician if your insurance requires one. If you need it, and don't have it when you come for your appointment, we will have to reschedule your appointment until it is obtained.
- ❖ Our practice does many *cosmetic procedures*. These are not payable by insurance. Payment for these visits and procedures will be discussed with each patient. If you have questions before you come, please call and ask for the surgery coordinator.
- ❖ Medicare patients will be expected to pay copays and deductibles at the time of service, or we will bill your secondary insurance if you have it. There may be procedures that Medicare deems "*Not medically necessary*", and does not cover. For those procedures, you will be asked to sign an ADVANCED BENEFICIARY NOTICE that Dr. Brantner believes Medicare will not pay, and you will be responsible for payment. You are also responsible for any visits and/or procedures that are "NON-PAYABLE" by Medicare. You will be advised *before the procedure*, so that you can make the choice as to whether or not you want to have the procedure.
- ❖ For your convenience, we accept VISA, MASTERCARD and/or CARECREDIT
IF YOU PLAN TO PAY FOR YOUR PROCEDURE THROUGH CARECREDIT.COM,
PLEASE CALL OUR OFFICE FOR IMPORTANT INFORMATION REGARDING PROCESSING FEES.
- ❖ *Please call our office at least 24 hours prior to the scheduled appointment time if you need to cancel or make changes. We understand that sometimes you won't be able to call 24 hours ahead, but as soon as you know you won't be coming, we ask that you call. You can even call when the office is closed and leave a message. A service charge may be assessed for "NO SHOWS". A "No Show" charge is non-payable by insurance.*
- ❖ We make every possible effort to work with patients to avoid turning accounts over to collections. However, when our best efforts fail, we will use a collection agency. If your account is turned over, we cannot see you again in our office. Therefore, we encourage patients to keep the lines of communication open, and cooperate with us as we work toward an equitable solution to billing problems.
- ❖ **IF CHARGES DUE AND PAYABLE BY YOU ARE NOT PAID, AND MUST TURNED OVER TO A COLLECTION AGENCY, ALL COSTS ASSOCIATED WITH COLLECTION SERVICES, INCLUDING, BUT NOT LIMITED TO COLLECTION FEES, ATTORNEY FEES AND COURT COSTS WILL BE CHARGED TO YOU.**

PATIENT SIGNATURE: _____

DATE _____