**INSURANCE**

Patients must present with the proper insurance documents at the time of service for Cornerstone Plastic Surgery to properly file claims to your carrier in a timely fashion. If the necessary information is not received in a timely fashion, Cornerstone Plastic Surgery will not be responsible for denials and/or patient balances as a result. Patients are responsible for maintaining active coverage, obtaining proper referrals, confirming their provider’s participation in the network and their own familiarity with the benefit package therein. Cornerstone Plastic Surgery reserves the right to collect copays and estimated patient liability at the time of service in line with the current insurance carrier contracts.

**AUTHORIZATIONS**

The patient understands that all surgical cases are pre-authorized by Cornerstone Plastic Surgery prior to the scheduled surgical date. The authorization process can take up to 45 business days per insurance contracts and guidelines. The patient understands that if approval is not obtained three (3) weeks prior to the surgical date, the patient must elect to reschedule or move forward as a self-pay/cosmetic patient.

**OUTSIDE CHARGES**

The patient understands that there may be additional outside charges for covered services such as laboratory, pathology, facility, and anesthesia when applicable. The patient understands that Cornerstone Plastic Surgery is available as a resource when problems arrive, but balances related to outside services must be addressed directly with the billing entity.

**ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY**

The patient hereby assigns all medical and/or surgical benefits to include Medicare, private insurance, and any other health plans to Cornerstone Plastic Surgery. This assignment will remain in effect until revoked by you in writing. A photocopy of this assignment is to be considered as valid as an original. The patient understands that they are financially responsible for all services not paid for by their insurance company; including co-payments, deductible amounts, or services that are not a covered benefit by their plan. The patient hereby authorizes said assignee to release all information necessary to secure the payment. The patient authorizes Cornerstone Plastic Surgery to release any information acquired during their examination or treatment to their insurance company, primary care physician, pediatrician, or another physician. The patient recognizes that they are responsible for all charges incurred whether or not paid by their insurance company. They also recognize and agree that they will pay any amount not paid by the insurance company within 30 days. In the event the patient fails to comply with this financial policy, they understand that their account will be turned over to a collection agency. The patient understands and agrees that, they are ultimately responsible for the balance on the account for any professional services rendered. The patient agrees to notify the PRACTICE of any changes in their health status or health insurance. If the patient is a member of an HMO or PPO group and the insurance company has not paid the claim within X days of the visit, the patient understands they are responsible for the balance due. A copy hereof is as valid as the original. I hereby state that all information provided is true and correct to the best of my knowledge.

**FINANCIAL HARDSHIP**

Cornerstone Plastic Surgery recognizes that patients may experience financial hardship from time to time, which prohibits them from paying their bills in a timely fashion. The office on occasion can offer a reduction for patients that present for medically necessary procedures without insurance. Any discount offered t off billed charges is at the discretion of Cornerstone Plastic Surgery. Requests will be reviewed individually after being submitted in writing.

**CREDIT CARD ON FILE**

It is the policy of the Cornerstone Plastic Surgery to keep a credit card on file for patient balances. All outstanding balances for patients after insurance processing or for self-pay charges not collected at the time of service (for any reason), will be charged at the beginning of the following calendar month. By agreeing to this policy, you are acknowledging and agreeing to have your card on file charged for any outstanding balances on a rolling monthly period. Our patients are acknowledging that they do understand they may not receive a statement.

**COVERED SERVICES**

All cosmetic services are not covered by insurance and must be paid in full prior to the date services are rendered. If a patient elects to move forward cosmetically, they do so with the understanding that Cornerstone Plastic Surgery will not accept assignment of benefits, nor will the PRACTICE submit for coverage thereafter or assist in the patient submission process.

**COSMETIC NO SHOW FEES**

Strictly non-insurance cosmetic consultations do not carry a fee. However, if the patient does not properly cancel or reschedule at least 48 hours in advance to the scheduled consultation, there will a be $250 consultation fee required to schedule the next consult. This fee is applicable towards the total cost of the patient’s surgical treatment should they chose to schedule.

In the event that a patient does not cancel their appointment with notice and does not show up for their appointment, the deposit fee will be kept as a penalty at the discretion of management.

**COSMETIC DEPOSIT**

If you elect to have a procedure or surgery and would like to secure the date that works best for your schedule, a 20% deposit of the surgeon fee is required to secure your date. If materials are needed for the surgery, i.e. implants, the costs of the materials are due in full along with the deposit. Your deposit is 100% refundable up to three weeks prior to your procedure. Once we are within your three-week time frame and you chose to cancel, you will forfeit your full deposit.

**COSMETIC PREPAYMENT**

Payment in full must be received at least two (2) weeks prior to the scheduled surgical date. For your convenience, the office does accept several common financing options such as, PatientFi, LendingUSA, or Presper patient financing companies.

**REFUND POLICY**

Cornerstone Plastic Surgery is understanding of the fact that things happen and makes every attempt to accommodate patients that need to reschedule. That said, late cancellation often results in lost surgical scheduling time for the PRACTICE and as such do carry a fee as follows (does not include deposit):

* Cancellation within 8-14 days of surgical date: 25% of total surgical fees forfeited.
* Cancellation within 2-7 days: 50% of total surgical fees forfeited.
* Cancellation on the day before or the day of surgery: 100% total surgical fees forfeited.

Patient Signature Date

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Witnessed by Date