

Kalos Facial Plastic Surgery – Financial Policy

It's a fact, healthcare is changing rapidly. It has become increasingly difficult for doctors to collect payment from the wide array of insurance companies. Kalos Facial Plastic Surgery has put this policy together to help you, the patient, understand our financial policy (**please read thoroughly**).

1. As a courtesy, Kalos Facial Plastic Surgery will file a claim to the insurance company on your behalf for medically necessary office and surgical charges. However, if payment is not received within 60 days, payment of the balance will become your responsibility. Should this happen, you must collect reimbursement directly from your insurance company.
2. The patient is responsible for paying all co-pay/co-insurance at the time of service (if applicable). We accept cash, check, and major credit cards. We reserve the right to collect 50% of your deductible, which will be refunded if there is no patient responsibility (co-pay/co-insurance).
3. It is the patient's responsibility to know if their doctor is "in" or "out-of-network"; the provider is not responsible for knowing your individual plan or benefit level. Please make sure to call your insurance carrier and verify your coverage; failure to do so may result in the charges becoming your responsibility.
4. Denial of payment from insurance companies for office visits and/or surgeries become the responsibility of the patient. You can appeal directly to your insurance company for reimbursement. We will be happy to provide any and all documentation to assist in your appeal.
5. Changes in insurance plan coverage, address or phone number without notification to Kalos Facial Plastic Surgery may result in denials becoming the responsibility of the patient. Notify us of all changes in benefits and addresses. Kalos Facial Plastic Surgery's inability to contact/correspond with you may result in your account being placed with a collection agency.
6. If you have more than one insurance plan (for example, supplemental or secondary insurance), we **MUST** have a copy of all cards.
7. All unpaid balances after your insurance company has paid are due upon receipt. As a courtesy, Kalos Facial Plastic Surgery withholds action against your account for 30 days. After the time, if your account has not been paid in full, it will be turned over to a collection agency. (This does not include specific arrangements made prior to visit/surgery.) We also reserve the right to pursue legal action for non-payment, which includes legal action for nonpayment of services rendered for a judgment. Additional fees incurred as a result of filing suit may be subject to judgment as well. **After 30 days delinquent, we will be charging a 5% monthly interest rate.**
8. If your insurance company requires a referral for your visit, it is your responsibility to obtain this from your primary care physician **BEFORE** the visit. Do not wait until the visit to obtain a referral; many offices will not provide fax referrals. If the referral is not obtained, your appointment will be rescheduled or you will need to pay for the visit and we will provide an itemization so you may file the claim with your insurance company. If you do not know if your insurance company requires a referral, please call them.

Patient Signature

Date