Panhandle
PLASTIC SURGERY

PANHANDLE PLASTIC SURGERY FINANCIAL POLICY

Thank you for choosing Elise May, MD as your healthcare provider. To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. We are dedicated to providing the best possible care and regard your complete understanding of your financial responsibilities as an essential part of your healthcare/treatment plan.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at time of service. For your convenience we accept Visa, MasterCard, Discover, Money Orders and Cash. We are sorry for the inconvenience, but we do NOT accept personal checks.

YOUR INSURANCE: We have made prior arrangements with many insurers/ health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment. If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and submit the claim for you on an assigned basis. You will be responsible for your portion and also any payments your insurance may deny. In the event your health plan determines a service to be "not covered" or "excluded", you will be responsible for the complete charge.

We will bill your health plan for all services provided in the hospital or office. Any balance due is your responsibility and is due upon receipt of a statement from our office.

MINOR PATIENTS: For all services rendered to minor patients, we will look to the adult accompanying the patient and the parents or guardian with custody for payment. Minor patients must be accompanied during the entire visit by a parent or guardian.

Please read the terms and conditions listed below. If you have any questions, please discuss them with Dr. May.

1. I understand that full payment is due at the time of service for myself and any party for whom I am financially responsible.
2. I understand that it is solely my responsibility to confirm which treatments or procedures are covered and/or paid by my insurance (including but not limited to any applicable exclusions, deductibles and annual or lifetime maximums).
3. I understand that as a courtesy, Panhandle Plastic Surgery will attempt to verify my insurance coverage from the information that I provide and will file two claims per appointment. I am required to pay in full, before treatment is performed, the estimated portion of any procedures or treatment that will not be covered by my insurance.

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4. I understand that insurance claims will only be filed if I provide Panhandle Plastic Surgery with my social security and identification numbers (if applicable). If I choose not to provide Panhandle Plastic Surgery with my social security number, I understand that I may pay in full for services rendered. It is Panhandle Plastic Surgery's policy to require social security numbers and a copy of government-issued picture identification (driver's license) for record-keeping purposes even though that may not be the policy of my insurance carrier.
5. I understand that although I pay my estimated patient's balance on the date of service, the insurance estimate may differ from what my insurance carrier ultimately pays. I will be responsible for any amounts not paid by my insurance for any reason. I may receive a bill/statement for a balance due which will be immediately payable upon receipt.
6. I understand that all account balances NOT pending with insurance over 30 days will incur a service charge at the maximum legal rate allowed.
7. I understand that I will be charged the maximum service charge allowed by law for any returned check, electronic authorization, or any debit sent or provided to Panhandle Plastic Surgery for payments.
8. I understand that I must inform Panhandle Plastic Surgery, in writing, of any concerns, questions, or disputes I may have concerning my treatment or charges in a timely manner but not more than 30 days from either the completion of the procedure or awareness of dispute.
9. I understand that if I fail to pay my account upon it becoming due, Panhandle Plastic Surgery may report my account to credit rating bureaus or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney fees, collection and/or court costs.
10. I understand that unless patient records are sent directly to another provider, the charge for paper copies of medical records is a minimum of $25.00. These fees are subject to change without notice.
11. I understand that Panhandle Plastic Surgery currently charges $75.00 for a broken or canceled appointment unless 24-hour advance notice is given. This fee is subject to change without notice.
12. I understand that it is my responsibility to immediately notify Panhandle Plastic Surgery of any change to my address, phone number, work contact information, work status, insurance changes, etc.
13. I understand that if I discontinue treatment for a requested procedure, I am responsible for paying all related costs of materials and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled for discontinued treatment and I may receive a bill/statement for a balance due.

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14. I understand that due to the new health insurance grace period and retroactive takebacks, Panhandle Plastic Surgery will require proof of premium payment. If you are unable to provide proof of premium payment then Panhandle Plastic Surgery will require a deposit/pre-payment for services rendered.
15. COSMETIC PATIENTS: If you must cancel your surgery after your preoperative visit, half of the surgeon's fee will be refunded.

The consultation fee ($75.00), scheduling fee ($250.00), and pre-op visit fee ($1000.00) are non-refundable. If your surgery was paid for by credit card, you will also be charged a 3.0% credit card processing fee. If your surgery is rescheduled within 30 days, the $250.00 scheduling fee will be applied to your rescheduled surgery. If you cancel within a week from your surgery date and then reschedule, there is a $500.00 rescheduling fee that is not applied towards surgery. We also have financing options available upon request.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time. I hereby assign to Panhandle Plastic Surgery all payment for medical services rendered to myself or my dependent during hospitalization or office visit, if not paid at the time of service. I further understand that I am responsible for paying any amount not covered by the insurance for services 60 (sixty) days after the insurance is filed.