

MELANIE PRINCE, MD

PLASTIC SURGERY

Financial Policies

Appointment Cancellation Policy: Prince Plastic Surgery is committed to providing each of our patients with exceptional care. When a patient cancels without giving enough advance notice, they prevent another patient from being seen. Please call our office two business days prior to your scheduled appointment to notify us of any changes or cancellations. If prior notification is not given, a \$50 fee for the missed appointment will be charged to the credit card provided at the time of booking.

All payments are expected at the time of service: Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-insurance and co-payments for participating insurance companies. We accept cash, personal checks (in-state only), credit/debit card, and Care Credit. There is a service charge for returned checks.

Credit Card on File Authorization: For your convenience, our office can keep your credit card information on file for any future charges you may incur. Your card will automatically be charged for each account balance as it occurs. It is your responsibility to notify us of any changes to the credit card information provided. This service is optional and is not required and may be cancelled at any time by submitting a written request. Please initial one of the following:

_____ Please keep my credit card information on file. I authorize Prince Plastic Surgery to charge my card for all future services and fees.

_____ I prefer to receive paper statements for any future services.

Insurance: Your insurance card and photo ID must be presented at your initial visit; otherwise, full payment will be due. You are responsible for getting a referral, if needed, from your primary care physician. You are also responsible for determining if Dr. Melanie Prince is in-network or out-of-network with your insurance company. If you are being seen for a medically necessary condition or procedure, your insurance will be billed for all applicable visits, including initial consultation. As a service to our patients, our office will submit charges for medical / surgical treatments to the patient's insurance company. However, the patient is primarily responsible for paying any and all medical expenses incurred. You are expected to pay your deductible and co-payments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you are expected to pay the balance in full. You are responsible to be sure all charges are paid.

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1826(a)(1) of the Medicare law. If Medicare determines that a particular service, even though it may be otherwise covered, is "not reasonable and necessary" under Medicare program standards, Medicare or other insurance companies could deny payment for service. If you are a Medicare recipient, you must sign an Advance Beneficiary Form prior to your procedure.

We attempt to verify in advance that your insurance company will pay for specific medical procedures. On occasion, even though coverage was verified before the medical / surgical services were provided, the insurance company can deny the claim. If your claim is denied, you are personally and fully responsible for payment in full within 30 days.

Cosmetic: All cosmetic fees must be paid prior to service. To schedule surgery, a deposit of \$500 is required to reserve operating room time, which will be applied to your balance. The deposit is refundable for up to one month to the calendar day of your procedure, and thereafter becomes non-refundable. The deposit must be paid with either cash, check, or credit/debit card. Care Credit will not be accepted for the deposit. The remaining balance must be paid one month prior to surgery and may be paid by any method you choose. If payment has not been received, surgery may be cancelled, and the deposit will not be returned. If you choose to cancel your surgery with less than a one-month notice, the entire surgery fee becomes nonrefundable.

Additional Information: *Disability forms:* There will be a \$25.00 service charge for those requiring disability form completion. This will be due prior to the forms being sent. *Returned check:* There will be a \$25.00 service charge on any returned checks. *Rescheduling:* If your surgery must be rescheduled with less than a one-month notice, a \$1000 rescheduling fee will be charged.

Signature: _____ **Printed Name:** _____ **Date:** _____