

**NORTHWEST PLASTIC SURGERY ASSOCIATES, PLLC
FINANCIAL POLICY (effective November 16, 2007)**

Please read both sides, sign and return to the front desk. Thank you.

Payment (Elective Surgery): For all non-insurance procedures, payment is required up-front, as follows: of payment is due at the time of scheduling as a deposit, with the balance due 2 weeks prior to surgery. If the procedure is scheduled within 2 weeks of the surgery date, payment is due in full at the time of scheduling. If the procedure is cancelled less than two weeks from the date of surgery, the deposit will not be refunded.

Payment (All Other Balances): Payment is due, **in full**, 30 days from the date of service. The account holder will be notified twice of his/her balance. In the event that a response is not received, the account will be sent to collections. Certain procedures may require a deposit at the discretion of Northwest Plastic Surgery Associates, PLLC.

Payment Plans: Payment plans are at the discretion of the office and must be approved.

Refunds: Refunds will be sent to the address on file within 15 days from when the refund is requested, or 30 days from when the overpayment is noted in our system. Refund amounts of \$10.00 or less must be requested.

Interest and Fees: All non-approved payment plans will be assessed a fee of 1.5% of the balance each month that it is overdue (past 30 days from the date of service) or a flat fee of \$10.00, whichever is greater.

Collections: I understand that in the event any unpaid balance is placed for collections with any third party collection agency a fee of **50%** of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such as court costs, attorney fees, late fees, and any other fees so stated elsewhere. The authorized fee of **50%** and the additional costs and charges listed above represent the actual costs incurred by Northwest Plastic Surgery Associates, PLLC to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from this signer's failure to pay as specified in this agreement.

I HAVE READ AND UNDERSTAND BOTH SIDES OF THE FINANCIAL POLICY OF NORTHWEST PLASTIC SURGERY ASSOCIATES, PLLC.

Responsible Party Name (Please print): _____

Responsible Party Signature: _____ Date: _____

- Appointments: We will provide a courtesy phone call before the appointment, but it is the patient's and/or patient guardian's responsibility to confirm the appointment. We cannot provide a courtesy call if contact information is not accurate.
- Cosmetic consults: Consults with Dr. Hardy are \$125.00, which is due at the time of service. If a surgical procedure is performed by Dr. Hardy within 12 months of the consult, the \$125.00 consult fee will be credited toward the balance of that procedure. Consults with Laura Conway, RN are \$50.00, which is due at the time of service. If products or services amounting to \$100.00 or more are purchased within 30 days of the consult, the \$50.00 consult fee will be credited toward the balance of those products or services.
- Billing Insurance: Your insurance will be billed **as a courtesy**. It is patient responsibility to provide accurate insurance information to our practice. All balances incurred are the responsibility of the patient, and/or patient's guardian if the patient is a minor. **It is also patient responsibility to determine if Northwest Plastic Surgery Associates, PLLC is a contracted provider with the insurance at the *time of service*.** Timely filing for a claim is considered 365 days from the date of service. If the insurance plan or policy specifies a different timely filing date, the patient must inform our office or the amount will be his/her responsibility.
- Cosmetic Services: Cosmetic services (including, but not limited to, microdermabrasion, Botox®, Restylane® and chemical peels) and products must be paid in full at the time of service and cannot be billed to the patient.
- Medical Necessity: Services defined by the practice as cosmetic cannot be later billed to insurance as medically necessary, unless verified by Dr. Hardy. It is the sole discretion of the practice whether a procedure can be deemed retroactively medically necessary.
- Surgical Assistant: There are certain procedures for which Northwest Plastic Surgery Associates, PLLC will utilize the services of Heidi Jenkins, CFA, CST, our surgical technician. If a bill is sent for her services, you will see this noted on your explanation of benefits (EOB). Northwest Plastic Surgery Associates, PLLC will accept insurance payment for her services as payment in full for those charges, and they will not be passed on to you. You will; however, be responsible for the balance of payment for the surgeon's charges.
- Checks: We will gladly accept personal checks. There is a \$30.00 check return fee for any NSF check that will be assessed to your account. If a payment is returned for non-sufficient funds, payment will only be accepted in cash or money order.
- Records: We will gladly provide records if requested, within the legal limits. Please be advised that a fee of \$0.50 per page and an administrative fee of \$15.00 may be assessed at the offices discretion according to Montana Annotated code.