

The Peer Group Financial Policy

- ❖ Payment for your visit is expected at the time of service. We will provide a statement suitable for insurance submission.
- ❖ **Cancellation of appointments** for skin care and/or massage therapy must be made at least twenty-four (24) hours in advance of your appointment. We reserve the right to charge for all missed appointments. A credit card number is required to secure your appointment.
- ❖ You will receive a monthly statement if your account has any balance due even if an insurance claim has been filed on your behalf. The date of insurance submission and any credits to your account will be noted on this statement.
- ❖ Payment for all cosmetic procedures is due three weeks in advance. The surgeon's fee **does not include** the cost of pre-operative testing, the anesthesiologist's fee, any pathology charges, or any hospital charges that may be incurred. A \$1,000 deposit is required. This deposit is not refundable if surgery is cancelled within two weeks of your scheduled date. There is a cancellation fee on all credit card refunds.
- ❖ A 25% deposit is required for all non-cosmetic procedures.
- ❖ Insurance plans have different criteria which must be met pre-operatively. They may require a **second opinion** prior to certain procedures, **pre-authorization** or **approval** for hospital admission, or **pre-certification**. You should be aware of **pre-existing condition** clauses. We do not participate in any insurance other than Medicare. It is **your responsibility** to contact your insurance company to determine what pre-operative requirements must be met. We will then furnish any information needed.
- ❖ In **Medicare Cases**, we accept the amount **allowed** by the Medicare Fee Schedule, because we are participating physicians. We will submit claims on your behalf. Medicare will pay 80% of the allowable amounts and the 20% remains the patient's responsibility, unless we receive payment from a secondary insurance. Medicare does not pay for cosmetic procedures.
- ❖ In **Auto Accident Cases**, we accept auto insurance payments including your benefits under PIP (Personal Injury Protection). It is your responsibility to provide us with this important information, as well as your signature (and your attorney's) authorizing release of information and assignment of benefits. If the patient has other insurance options, The Peer Group will cooperate whenever possible in assisting the patient in his/her efforts to be reimbursed from that source.

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- ❖ In **Worker’s Compensation Cases**, we will send appropriate claim forms for services rendered on your behalf. If and when a claim is denied, we will expect payment from the patient within 30 days of receipt of our bill.
- ❖ **Insurance companies do not pay for cosmetic surgery.** If a procedure is a combination of cosmetic and functional (non-cosmetic), only the functional portion will be considered by your insurance carrier. We will not use a functional diagnosis to obtain insurance coverage for a cosmetic procedure.
- ❖ Each insurance company determines its own payment schedule. Please be aware that you may have a deductible, co-insurance amount, or an out of network penalty, and that our fee may be above what your insurance company has determined to be “reasonable and customary”. **The patient is responsible for any balance remaining after insurance reimbursement.**
- ❖ We accept American Express, Visa, Master Card, and Discover credit cards.
- ❖ There is a \$25.00 fee for all returned checks.
- ❖ A surgical deposit is required for all procedures. As a courtesy, we will bill your insurance company for non-cosmetic procedures. If insurance payment is not received within 60 days of billing, payment will be expected from the patient.
- ❖ If a patient receives a payment directly from the insurance carrier, the patient may endorse the check payable to The Peer Group. Should a patient or guarantor keep the insurance proceeds, the patient’s account will be turned over to our collection agency for immediate action.

We must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are strictly your responsibility from the dates services are rendered. It is essential for you to follow-up on claims submitted to insurance on your behalf. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions regarding this policy, please contact your patient coordinator.

I have received a copy of this financial policy and understand the terms set forth above.

Patient Signature: _____ Date: _____