Aiken Plastic Surgery

3000 Woodside Executive Court
Aiken, SC 29803

Thank you for choosing Aiken Plastic Surgery, P.A. We are committed to providing you with the best care, and we are happy to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important. Please ask if you have any questions about our fees, financial policy, or your responsibilities.

CO-INSURANCE – All office co-pays or deductibles are due at the time of service. Knowledge of insurance co-payments, coinsurance and deductibles is the responsibility of the person using the medical insurance. If your insurance requires a referral, it is the patient's responsibility to obtain this prior to an office visit or surgery. A minimum of $100.00 will be collected for office visits when insurance benefits cannot be confirmed, and a minimum of $50.00 when co-pays or deductibles cannot be confirmed. A $5.00 fee will be added monthly to any account that has a remaining balance. We accept cash, personal checks, VISA, MasterCard and Discover. Patients with past due balances will be required to make payment arrangements before additional services will be scheduled.
It is our policy that if a check is returned or credit charge is rejected, you will be charged a $30.00 service fee. You will be contacted and asked to pick up the previous payment and pay by cash or certified check at that time. Any account with an outstanding balance will accrue a $5.00 billing charge each month until the account is paid in full. Delinquent accounts may be referred to a collection agency. You agree that if it becomes necessary to forward your account to our collection agency, in addition to the amount owed, you will also be responsible for the fee charged to us by the collection agency for costs of collection including but not limited to attorney fees and court fees.

APPOINTMENT CANCELLATION POLICY - We require a 24-hour notice of cancellation for all scheduled appointments. You may call our office and leave a voice mail message. If notice is not received at least 24 hours prior to your appointment the following policy will apply:

- 1st No Show/Late Cancellation patient will be reminded of policy
- 2nd No Show/Late Cancellation patient will be charged $25.00 for any missed office appointment, 50.00 for any missed office surgical procedure appointment and/or $200 for any missed Hospital or Surgery Center surgery. (The fee will not be charged to your insurance company and is due at the next office visit).
- 3rd No Show/Late Cancellation patient will be charged $75.00 and may be dismissed from the practice.

INSURANCE PROGRAMS THAT CONTRACT DIRECTLY WITH US - If you have health insurance it should be understood that this is a contract between you and your insurance company. Your doctor's bill is an agreement between you and your doctor. YOU ARE RESPONSIBLE FOR UNDERSTANDING THE HEALTH INSURANCE POLICY YOU HAVE CHOSEN and for providing our office with all necessary billing information. Please read the benefits of your individual policy. There are some services that may not be covered by your insurance. Payment is expected at the time of service for non-covered charges. Our office only bills insurance claims for companies we are contracted with. Our office personnel cannot answer detailed questions about your medical insurance policy because all policies are different. We can provide you with an itemized receipt of your charges and payments. Please request this information before leaving the office. We make every effort to obtain appropriate payment from your insurance carrier, but payment for services is ultimately your responsibility.

UNINSURED PATIENTS – Payment is due at time services are provided. A minimum deposit of $100.00 will be required prior to an appointment. This payment will be applied to your total balance due at check-out.

REFERRALS - If your insurance plan requires a referral, PLEASE CONTACT YOUR INSURANCE COMPANY BEFORE SEEING THE PHYSICIAN. Referrals must first be authorized by your primary care physician and then called in to your insurance company if required. IT IS YOUR RESPONSIBILITY TO KNOW WHICH HOSPITAL AND LABORATORY YOU ARE REQUIRED TO USE WITHIN YOUR NETWORK. We use Miraca, Professional Pathology Associates and Aiken Regional Medical Centers for laboratory and pathology services unless otherwise requested by you.

DISABILITY and FMLA FORMS: We are happy to complete this information for you but a fee of $15.00 is required prior to EACH set of forms completed. Please note this fee is subject to change. We will only complete the physician section. Your signature below also releases our office to provide medical information to your disability/insurance company in compliance with HIPAA guidelines.

If unusual circumstances make it impossible for you to meet the terms of this financial policy, please discuss your account with our business office. This will avoid misunderstandings and enable you to keep your account in good standing.

I have read and I understand the above policies, and I agree to accept responsibility for any financial obligations incurred.

Patient/Guardian Signature: _____ Date:_____

Printed Name of Patient/Guardian: _____ Date: _____