

Singhal Plastic Surgery, P. C.  
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## Financial Policy

Singhal Plastic Surgery, P. C.

Thank you for choosing us as your provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy for non-cosmetic patients. Please read it, ask questions you may have, and sign in the space provided. A copy will be provided to you on request.

We participate in most insurance plans; however, if you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage.

**Co-Payments and Deductibles.** All co-payments and deductibles must be paid in full at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**Non-Covered Services.** Please be aware that some and perhaps all of the services you receive may be **non-covered or not considered** reasonable or necessary by Medicare or other insurers. **You must pay for these services in full at the time of visit.**

**Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct information in a timely manner, you may be responsible for the balance of the claim.

**Claims Submission.** We will submit your claims and assist you in any way we reasonable can to help get your claims paid. Our insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility.** Our insurance benefit is a contract between you and your insurance company. We are not party to that contract.

**Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive the maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**Patient Responsibility.** The first surgery will have to be paid in full before the second surgery will be scheduled.

**Non-Payment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency with their 30% collection fee and court costs added to your balance and you will be notified by regular and certified mail that you have 30 days to find an alternative medical care. During that 30 day period, our physician will only be able to treat you on an emergency basis.

**Missed Appointments.** Our policy is to charge for missed appointments not canceled with reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. I, Patient/Parent/Guardian, have read and understand the payment policy and agree to abide by its guidelines.

**Financial Responsibility/Cancellation.** Any patient having cosmetic surgery is responsible for the surgical fees quotes as well as additional fees for anesthesia, OR facility and possible laboratory, x-ray, and pathology fees. All payments must be received at SPS at least 2 weeks before the scheduled surgery. If the surgery is cancelled by the patient, in less than 2 weeks of the scheduled surgery, there is a non-refundable booking and scheduling fee of \$500.00, which is a part of the overall surgical fee. If the surgery is cancelled by the patient, in less than 24 hours of the scheduled surgery, the non-refundable bookings scheduling fee is \$1500.00. Refund checks may take up to 6 – 8 weeks to process.

I understand and unconditionally and irrevocably accept the financial responsibilities as outlined above.

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Print Patient Name

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Patient Signature