NORTHWEST PLASTIC SURGERY ASSOCIATES, PLLC FINANCIAL POLICY (effective 08/15/2014)

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

- ❖ 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. If Northwest Plastic Surgery Associates IS NOT a contracted provider all charges are the patient responsibility 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®, Juvederm, chemical peels, laser treatments) and products must be paid in full at the time of service and cannot be billed to the patient. Cosmetic consults: Consults with Dr. Hardy are \$150.00, due at the time of service. The consultation fee will be applied towards any cosmetic surgery performed within one year. Skin consults with Laura Conway RN CPSN Esthetician are \$50.00, due at the time of service. We do not charge for consultations regarding laser tattoo removal. If you are unable to keep your appointment 24 hours noticed is required. We reserve the right to charge a \$50.00 fee for cosmetic appointments that are missed or cancelled with less than 24 hours notice. Multiple missed or cancelled appointments with less than 24 hour notice will result in termination from Northwest Plastic Surgery Associates PLLC.
- ❖ 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. This includes all dates of service provided by Dr. Hardy and his staff, even those prior to the date of this agreement.

I have read and understand $BOTH\ SIDES$ of the financial	POLICY OF NORTHWEST
PLASTIC SURGERY ASSOCIATES, PLLC.	

Responsible Party Name (Pleas	se print):		-
Responsible Party Signature:		Date:	

- 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. All credit card refunds for surgical fees and/or products will be charged a 5% processing fee.
- ❖ 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).
- ❖ 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 and no future appointments will be scheduled at NWPSA. We will be happy to forward your records per request.
- 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 Code Annotated.
- ❖ 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. Payment plans are at the discretion of the office and must be approved.
- ❖ 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. If we do not receive confirmation for your upcoming appointment the appointment will be cancelled. We cannot provide a courtesy call if contact information is not accurate.
- ❖ Payment (Cosmetic Surgery): For all non-insurance procedures, payment is required up-front, as follows: ½ 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. All refunds applied towards a credit card will be charged a 5% processing fee. If a balance remains on your account for a non-cosmetic procedure that amount must be paid in full within two weeks of any cosmetic procedure (surgery, laser, or injectable).
- ❖ Payment (All Other Balances): The account holder will be notified twice of his/her balance with a statement following the insurance payment. 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.