

NORTHWEST PLASTIC SURGERY ASSOCIATES, PLLC
FINANCIAL POLICY (effective 01/20/2020)

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

❖ **Northwest Plastic Surgery Associates, PLLC is not a contracted provider with any insurance at this time.** Because of this, all charges are the patient's responsibility at the time of service. We are happy to provide assistance and information for you to submit to insurance. All balances incurred are the responsibility of the patient and/or patient's guardian if the patient is a minor.

❖ **Cosmetic consultations: Consultations with Dr. Hardy are \$200.00**, due at the time of service. The consultation fee will be applied towards any cosmetic surgery performed within one year. **Consultations with Christy Lopp are \$100.00 due** at the time of service. Cosmetic Services: Cosmetic services (including, but not limited to Botox®, Juvederm, chemical peels, laser treatments, CoolSculpting, and products) **must be paid in full at the time of service** and cannot be billed to the patient. **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 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 (Please print): _____

Responsible Party Signature: _____ Date: _____

❖ Refunds: Refunds will be sent to the address on file within 30 days from when the refund is requested, and 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.

❖ Skin care products and/or makeup must be returned within 14 days of purchase.

❖ 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. Post-procedure, Northwest Plastic Surgery will follow global billing standards. This means that post-operative care is considered part of the operative fee without additional charge, during a global period. The global period is dependent on the CPT (procedure) code associated with your service. Once the global period has ended, patients will be responsible for the consultation fee.

❖ Checks: We will gladly accept personal checks. There is a \$45.00 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 with a credit card, 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/email/text message 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 24 hours, the appointment will be cancelled.** We cannot provide a courtesy call/ email/text message if contact information is not accurate, and it is the patient's responsibility to keep NWPSA of any changes of information.

❖ Payment (**Cosmetic Surgery**): For all cosmetic 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. 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.