

FINANCIAL DISCLOSURE

Effective September 1, 2016

According to our credit policy, we expect payment for our services within 30 days from receipt of first patient statement. If you have concerns regarding this policy, contact our billing office for payment options.

Payments can be accepted in the form of cash, check, or credit/debit card, as well as financing through Care Credit. Additional information and applications regarding Care Credit are available from our billing department.

If the balance has not been paid within three (3) months, your account balance will be turned over to a Collection Agency with an additional **15% fee**.

There are three (3) separate service components for your procedure. Any remaining balance after your insurance claims have been processed will be billed to you.

- **Facility Fee:** Physicians Alliance Surgery Center is for the use of the Ambulatory Surgery Center in which the procedure is being performed.
- **Anesthesia Fee:** S&R Anesthesia is for the anesthesia services you received if applicable.
- **Surgeon's Professional fee:** Surgeon's services will be billed through the surgeon's office.

Physicians Alliance Surgery Center will file primary and secondary insurances claims. However, if a claim is denied because of additional information requested from you, then the balance will be turned over to you until the appropriate documentation has been provided to your insurance carrier.

I understand the above charges, which have been discussed and realize that Medicare or other insurance companies do not cover Cosmetic Surgery. Furthermore, I understand that I am responsible for my balance in full.

By signing below, I acknowledge and understand the above information.

Patient/Responsible Party's Signature

Relationship to Patient

Date

Witness

Date