



Patient Financial Policy

Thank you for choosing Richmond Plastic Surgeons. We are committed to building a successful physician-patient relationship with you and your family. We believe that all patients who come to this office deserve the best medical care that can be provided. In order for us to provide you with the highest quality medical care and current technology, we are providing you with this agreement to acquaint you with our financial policy. A copy of your insurance card and photo ID is required at each visit. It is your responsibility to notify RPS of any patient information changes (i.e. address, name, insurance change, etc.).

Payment Options

Our office accepts CASH, CHECKS, VISA, or MASTERCARD. If you pay cash, please ask for a receipt so that you will have record of your payment. There will be a **\$30** service charge on all returned checks. If paying for "Cosmetic" surgery, payment is made by VISA, MASTERCARD, DEBIT CARD, CARE CREDIT or CASHIERS CHECK (no personal checks).

Initials _____

Copayments

All copayments and past due balances are due at time of check-in unless previous arrangements have been made with the billing office.

Initials _____

Insurance Claims and Non-Participating

We accept payment from any and all health insurance programs. Although we file insurance claims as a courtesy, you are still responsible for payment of services not paid by your specific plan. For some Insurance Carriers, our doctors are considered out of network, or non-participating providers. Richmond Plastic Surgeons accepts payment from those carriers as long as you have out of network benefits. The patient is responsible for their co-pay, deductibles and out of pocket. As a courtesy to our patients, we will submit the claim to your insurance carrier for you, and work through the payment process as an out of network claim.

Initials _____

Balances Due after Insurance Pays

If there is a remaining balance due after your insurance carrier(s) pays, you will be responsible to remit your payment to our office. If there is a discrepancy with the amount due, you need to contact our billing office within 30 days of the notification from your carrier.

Initials _____

Referrals & Preauthorization

It is your responsibility to provide a referral and/or preauthorization is necessary. RPS reserves the right to decline your visit if proper referrals are not presented at the time of your visit. Failure to obtain the referral and/or preauthorization may result in non-payment from the insurance company. The balance will be your responsibility.

Initials _____

Self-Pay Accounts

Patients without insurance coverage are considered self-pay accounts.

Initials _____

Unpaid Balances

Unpaid balances may incur finance charges at the rate of 1.5% per month.

Initials _____

Collections/Legal Fees

I understand if my account is referred to a collection agency and/or an attorney for legal action I will be responsible for 33- 1/3%, interest at 18% per annum from the last date of payment, and any and all applicable court costs.

Initials _____

Signature of Patient/Guardian: _____

Date: _____