

Print Patient Name: _____

Date: _____

M. Scott Haydon, M.D.
FINANCIAL POLICY

Dr. Haydon has a responsibility to provide quality healthcare services to patients. In the interest of maintaining a good doctor-patient relationship and continuing the delivery of quality healthcare, it is our hope that you will take responsibility for your financial obligation to our practice. The following are general policies we have established for our patients, which we believe allow the flexibility that some patients need. We encourage you to discuss your account, and any payment arrangements that you desire, with our office personnel. Discussion of these issues early on in your treatment process will prevent most concerns or misunderstandings.

1. Insurance – Dr. Haydon's office **does not** accept or process insurance payments for patients. You are responsible for submitting to your insurance company any tests required (EKG, Mammogram, Prescription/Medication) that you wish to document and/or obtain reimbursement if applicable. Please remember insurance coverage is a contract between the patient and the insurance company. The ultimate responsibility for understanding your insurance benefits rests with you.

2. Payment - The consultation fee is non-refundable and will be applied to your procedure if you decide to move forward. Please note that we do require a non-refundable deposit to schedule a surgery date. Dr. Haydon accepts cash, credit card, or third-party financing for the procedure portion of the surgery. Dr. Haydon reserves the right to charge a surgery re-scheduling fee. We will discuss this further with you at the consultation.

3. Referrals – Dr. Haydon's office is happy to accept you as a patient from a referred provider once a consultation and evaluation is complete and he can determine that he is able to help you with your specific need or request. A referral is not required given we do not accept insurance at this practice.

4. Returned Checks – Your account will be charged a \$25 fee for each returned check. In addition, you will be asked to bring cash to our office to cover the returned check and the fee.

5. Past Due Accounts – Patients who have not tried to make payment arrangements or have not expressed an interest in meeting their financial obligation to us will be turned over to a collection agency. Patients who have allowed their account to be turned over to an agency will be expected to satisfy their financial obligation to us, and to pay for any future services in advance.

6. Please arrive 10 minutes prior to appointment time for all consultations, pre-ops, post-ops and follow-up appointments. You will be advised of your approximate surgery arrival time when your surgery date is scheduled. Surgery dates and times are subject to change.

Patient Statement: I have been informed of Dr. Haydon's financial policy and agree to its terms. I have been notified that Medicare and other insurance companies may deny payment for visits/procedures for the reasons stated above. If Medicare or my insurance company denies payment, I agree to be personally and fully responsible for all payments. I understand that all cosmetic surgery must be paid in full prior to surgery.

Signature

Date