

Patient Name: _____



Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. Please be advised, in most cases all procedures performed by Dr. Jensen are done in our Surgery Center. Therefore, there will be a facility fee as well as a professional fee shown on your insurance explanation of benefits and billing statement from our office.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Insurance Specialist.

How May I Pay?

We accept payment by cash, check, VISA, Mastercard, Discover and Care Credit.

Which Plans Do You Contract With?

Due to recent changes in insurance plans, please contact your insurance company directly to confirm that Dr. Robert M. Jensen is a preferred provider as well as our facility, the Center for Cosmetic and Plastic Surgery.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If you are unable to obtain the referral *at least one week prior to your visit*, you will be rescheduled.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Procedures

If You Have...	You Are Responsible For...	Our Staff Will...
Elective Cosmetic Surgery which <i>is not</i> covered by insurance	A 10% deposit is required to book your surgery (this fee holds your date & time of surgery). The remaining balance is due in full two weeks prior to the date of surgery.	Discuss financing options with you at your request.
Commercial Insurance, HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable copays are requested at time of the office visit or procedure. Any remaining balances will be billed to you directly. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you.
Point of Service Plan or Out Of Network PPO	All copays are due at the time of the visit. Out of Network benefits will be applied to any remaining balance and will be billed to you directly.	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your \$100 deductible, we ask that it be paid at the time of service.	File the claim on your behalf, as well as any claims to your secondary insurance.

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Medicare Continued...	Any services not covered by Medicare are requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit. <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay will be billed to you directly.	
Medicare HMO	All applicable copays are due at the time of the office visit or procedure.	File the claim on your behalf, as well as claims to your secondary insurance.
No Insurance	Payment in full is due at the time of the visit.	Will work with you to settle your account. Please ask to speak with our staff if you need assistance.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

Other Charges:

- If your surgery requires pathology services you will receive a separate bill from the lab that is used.
- For all insurance and Medicare billed procedures requiring an anesthesiologist, you will receive a separate bill for their services. Surgeries performed in the hospital are also separate expenses. You will be responsible for making payments separately for these fees.
- If you require a revisionary procedure, the operating room fee and anesthesia fee may be your responsibility. There may be an additional fee for the surgeon depending on the revision that is necessary.

Cancellation Policy:

We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. The surgeon's time, as well as that of the operating room staff, is valuable and we request your courtesy and concern.

- You may **cancel your surgery at no charge**, with at least 14 days' notice. Your deposit will be refunded to you.
- Should you **reschedule your surgery within 14 days**, your deposit will be applied to the new surgery.
- If you cancel your surgery within 14 days prior to surgery, the 10% deposit is nonrefundable. We will refund any additional payments that have been paid.

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Dr. Robert M. Jensen and the Center for Cosmetic and Plastic Surgery.

I authorize Dr. Robert M. Jensen to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Signature

Printed Name