Bucks County Aesthetic Center, PC

ALL PATIENTS: – **please read & complete**

Thank you for choosing Bucks County Aesthetic Center (BCAC) as your plastic surgery specialist. The following is our Financial Policy regulations and Release of Medical Information and authorization. Please read carefully and sign where indicated at the bottom. We will gladly issue you a copy for your records, upon request.

Insurance Authorization & Assignment:

- I hereby authorize Bucks County Aesthetic Center, PC to furnish information to my insurance carrier concerning my illness and/or treatments, and I hereby assign to BCAC all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by my insurance.
- I request that payment of authorized medical benefits be made on my behalf to Bucks County Aesthetic Center for any services provided me by William L. Scarlett, DO and Bucks County Aesthetic Center, PC.. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits payable for related services.

Financial Policy:

- All copays, co-insurance, deductibles and other applicable payments are required at the time of service.
- If we participate with your insurance, we will collect any required copay or estimated co-insurance at the time of service and send a claim for your services to your insurance company. The patient is responsible for any and all deductibles, non-covered services, or co-insurances as outlined in your plan. In the event of non-covered procedures, payment in full will be required at the time of service.
- If you have questions regarding your insurance benefits, kindly contact your insurance carrier directly. It is the patient's responsibility to know their own insurance coverage as BCAC is unable to provide you with your complete benefit information.
- As a courtesy, we will check and verify your insurance benefits and arrange for pre-authorizations of surgical procedures if required. However, it is the patient's responsibility to know their individual plan's benefits, exclusions, etc.
- Please be advised that the Health Care plan you have with your insurance carrier is a contract between you and your insurance company and we are not a party to that contract. **Copays, co-insurances and any amounts not paid by your insurance carrier are the patient's responsibility** and are due at the time of service unless prior arrangements have been made with our office.
- Any patient responsibility amount not paid in full by day 31 from the Due Date noted on an invoice will be subject to an additional $5 collection & billing charge. Any amount unpaid at day 45-59 will be subject to a $10 collection & billing charge. ***If the account remains unpaid at day 60, the account will be turned over to a collection agency*** and the patient will also be responsible for additional collection and/or legal fees associated with the full payment of the account.
- All patients will be charged a $35 fee for any check returned for insufficient funds
  We accept cash, check, debit cards, Visa, MasterCard and most major credit cards as forms of payment.
- **ALL** balances are to be paid *in full* prior to further treatment, procedure or surgery; *no exceptions*.
  This supersedes any "due date" noted on invoices.

Appointments:

- We require 24 hours notice to cancel a scheduled appointment.
- **A $25 fee will be assessed to any patient who misses an appointment without proper cancellation notice given**.

Your signature below indicates your understanding and willingness to comply with this Financial Policy and agree to have any and all payments made by your insurance carrier assigned directly to Bucks County Aesthetic Center, PC. for all professional services rendered.

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Patient Signature (or parent/guardian if patient is a minor) Date

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PRINT patient name above