



RECONSTRUCTIVE & AESTHETIC
SURGEONS, INC.

Dr. Craig W. Colville, M.D., FACS
Dr. John F. Zavell, M.D., FACS
Dr. Nabeel A. Khan, M.D., FACS

PATIENT FINANCIAL POLICY

Thank you for choosing Reconstructive & Aesthetic Surgeons, Inc. for your healthcare needs. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is part of that relationship. To enable our office to accurately invoice you or your insurance company, it is crucial that we maintain updated demographic information (i.e. name, address, employment or change of insurance). If you have any questions about our fees, our policies or your responsibilities, please don't hesitate to ask.

▪ **CONSULTATION FEES —**

When scheduling a cosmetic consultation appointment, we require a \$125.00 non-refundable consultation fee payable by credit card to reserve your appointment time. We kindly request at least 24 hours' notice in the event you need to cancel or reschedule. Failure to provide 24-hour advance notification to cancel your appointment, may result in forfeiture of your consultation payment.

▪ **INSURANCE—**

Insurance is a contract between you and your insurance company. Co-pays are determined by your individual Plan and are due at the time of service. As the patient, it is your responsibility to know what is, and is not covered under your individual policy. We will file claims to both your primary and secondary insurance companies as a courtesy to you. In order to properly bill your medical claims, we require that you provide our office with accurate insurance information. In the event insurance does not reimburse the provider, the balance is the patient's full responsibility. Although we may obtain preauthorization from your insurance company, it is the insurance company that makes the final determination of your eligibility and benefits.

▪ **SELF PAY—**

Patients paying out of pocket for office services are required to pay the day of their visit. All fees for Cosmetic Procedures are due in full two weeks prior to surgery. A deposit of \$1,000 is required to schedule surgery and to reserve operating room time.

▪ **OUTSTANDING BALANCES/COLLECTIONS—**

We are willing to work with patients on payment arrangements when necessary. If your account is more than 60 days overdue, you will be required to pay at each visit until the delinquent amount is paid in full (this is referred to as "cash basis" terms). If no resolution can be made between the patient and the practice, a final letter will be sent and the account will be turned over to our Attorney/ Collection Agency. In the event that an account is turned over to the Collection Agency, the account is no longer handled in our office. The person financially responsible for the account will also be responsible for all further collection fees incurred thereafter, including but not limited to filing fees, attorney fees and court costs.

▪ **RETURNED CHECKS—**

A \$35.00 charge will be billed to the patient for any returned check.

▪ **MEDICAL RECORDS REQUESTS/FEES—**

For your protection of your privacy, a Release of Information form must be signed if you request a copy of your medical records (ie: physicians, lawyers, family members). Please allow 7-10 days for requests to be processed. Fees may be assessed for copies of Medical Records in accordance with the Ohio Department of Health standards for record copying fees.

▪ **WORKERS' COMPENSATION—**

If you experience a workplace injury, we will file your claim to the Ohio Bureau of Workers Compensation. In order to process these claims, we must have a claim number issued by the Bureau, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

▪ **MEDICAID—**

We accept Ohio Medicaid and will file on your behalf. Prior to the appointment, we must have a copy of a current Medicaid insurance card to verify eligibility. At the time of your appointment, you must present a photo identification.

▪ **LEGAL CASES—**

We are happy to provide treatment to patients involved in accidents; however, we do not become involved in litigation. Payment is expected at the time service is rendered.

▪ **DIVORCED PARENTS OF MINORS—**

The responsibility for payment of services rendered to minor children of divorced parent's rests with the parent who is seeking treatment and signing office documents.

This financial policy is in place to help provide clear understanding of our policies and to focus on providing quality healthcare to our patients. We have been and always will be sensitive to our patient's needs. We encourage you to contact our office if you have questions or need clarification on any of the above policies.

Accepted by:

Date:
