



## Financial Policy

Thank you for trusting Dr. Newman with your healthcare needs. You have no doubt chosen an advocate who truly ensures that you receive the best care. Dr. Newman values his patient's time and hopes that his patients too will value his time. The following policies have been adopted to offer clarity on how transactions are handled. Please don't hesitate to ask for clarification as to how these may apply to your particular situation.

**Copay** – copays are payments due at the time of service for insurance-based services and are decided upon during the insurance selection process. The amount is determined based on the policy you chose when shopping for insurance. Our practice does not dictate what that copay may be.

**Coinsurance** – coinsurance is due at the time of service and is typically based on a percentage of the allowable designated by the policy you chose for insurance. For example, Medicare has a 20% coinsurance. This means that unless there is a secondary insurance, the patient is responsible for the 20% that Medicare does not pay. Our practice does not dictate what that coinsurance may be.

**Insurance** – Insurances are chosen by the patient or employer with full disclosure to the patient what they are responsible for when utilizing their insurance. Billing your insurance for you is a courtesy, not a requirement. Patients are responsible for seeing to it that their services are paid for whether paid by the insurance company or by the patient. At times, insurance companies will incorrectly deny part of a claim, requiring prolonged appeals and multiple conversations with the company, sometimes lasting over a year. If you would prefer, you may pay the entire amount due up front, and we will submit the claim on your behalf. The Insurance company will then send you the reimbursement in the mail instead of mailing it to us.

**Reservation** – reserving a cosmetic surgery date requires coordination of an anesthesiologist, the facility, and the surgeon. At times equipment must be rented or special supplies like implants ordered. A 10% nonrefundable deposit is required to reserve a date. The balance of the surgery is due two weeks before the surgery is to be done.

**No Show** – Dr. Newman will be in the office for the appointment on the day that you have scheduled and expects that you will do the same. If you cannot make your appointment, please notify us 24 hours in advance so that we may attempt to fill that time slot. A \$50 no show fee will be added to the patient's chart in the event the patient does not show and no call was received.

**Revision Surgery** – Revision surgery is rare and will be addressed on a case by case basis. Less than 1% of surgeries done by Dr. Newman require revision. If revision surgery is needed, the physician fee may be discounted or waived on a case by case basis. However, anesthesia and facility fees cannot be waived.

Have you read the entire financial policy?    Yes    /    No.    (Circle One)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_