

National Center for Plastic Surgery
7601 Lewinsville Road #400
McLean, VA 22102
(703) 287-8277

Financial Policies

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility. The patient or responsible party is responsible for seeing that the entire bill is paid in full. Responsible parties will be responsible for any collection fees, interest, and other expenses necessary to collect on any account, including court costs, should legal action be necessary to collect.

We will ask to see your insurance card (if you are a medical patient) of your first visit, and will scan your card into our system as needed to keep our information current. We will ask for this information at every visit, in order to ensure that no change in benefits or carrier as occurred. Please notify us if your insurance carrier or policy has changed. Billing of insurance is a courtesy we provide for patients and is not required by law.

PLEASE READ AND INITIAL EACH LINE BELOW ACKNOWLEDGING YOU HAVE READ ALL POLICIES.

_____ **COPAYMENTS:** Your insurance **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

_____ **DEDUCTIBLES AND CO-INSURANCE:** We may collect your deductible and co-insurance at time of service. National Center for Plastic Surgery (NCPS) will bill your insurance company. Patient Responsibility portions of your bill are to be paid within 90 days.

_____ **REFERRALS:** If your insurance plans require a referral from your primary care physician, it is your responsibility to obtain it prior to your appointment and to have it with you at the time of your appointment. If you do not have your referral, you may be required to reschedule.

_____ **RETURNED CHECK FEES:** Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a \$40.00 fee per returned check.

_____ **FORMS/PAPERWORK:** There is a \$40.00 pre-payment per form fee for the completion of paperwork or forms relating to disability, FMLA, etc. This fee is collected prior to completion of the paperwork, and for each time the paperwork is required. Allow seven business days for completion of forms. Any forms needed within 48 hours from the time it was given to our staff will need to pre-pay an additional \$20.00 rush fee.

_____ **NO SHOW FEE:** You will be charged \$75.00 if you fail to cancel an appointment with our esthetician within 24 hours and do not show for your appointment.

_____ **SURGERY CANCELLATION FEE:** Any surgeries cancelled within 7 business days of the date of surgery will incur a cancellation fee of \$500.00.

Signature: _____

Date: _____