

**Palo Verde Plastic Surgery
Dr. John M. Rowley, MD**

Financial Policies

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements are made in advance. This includes applicable coinsurance, copayments and deductibles for participating insurance companies. We accept cash, check (returned checks will be charged a \$25.00 fee), VISA, MasterCard, Discover, American Express and CareCredit. Patients with an outstanding balance 60 days or more overdue must make payment arrangements prior to scheduling appointments. We do use a collection agency to pursue past due accounts.

INSURANCE

We bill participating insurance companies as a courtesy to you. Benefits and eligibility will be confirmed prior to any procedure done by Dr. Rowley. An estimate will be given to you for the procedure. Because this is an estimation, after your claim is paid by the insurance company, you may receive a refund or a bill from us. You are expected to pay your deductible, copayments and coinsurance. Although requirement for prior authorization will be verified prior to any procedure, please be aware that some services provided may be non-covered and considered not reasonable and necessary under your insurance plan. It is your responsibility to know your coverage. If payment is not received from your insurance company, you may be expected to pay the balance in full. If your insurance requires a referral in order for you to see a specialist, it is your responsibility to obtain the referral from your primary care physician. It is your responsibility to notify us of any insurance coverage changes.

MANAGED CARE REFERRALS

If you are enrolled in a managed care insurance plan (i.e. HMO or POS), your insurance carrier requires that you obtain a referral from your primary care physician (PCP) before receiving services. We will work with your PCP to obtain that referral, however, services received without a referral or proper authorization will be your financial responsibility.

NON-CONTRACTED INSURANCE, INCLUDING AHCCCS/MEDICAID

Palo Verde Plastic Surgery is not contracted with all insurance companies, and none of the AHCCCS plans. Accordingly, we cannot provide services to patients with this type of coverage. If you are covered by and non-contracted or AHCCCS plan and choose to receive services from us, you are expected to pay privately for those services at the time of service. We will not submit claims to insurance companies we are not contracted with.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Missed appointments represent a loss to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 48 hours in advance of the scheduled appointment. A \$100.00 fee will be charged for a missed office procedure if you fail to notify us 48 hours prior to your appointment. Failure to pay cancellation/no show fees may result in denial to schedule an appointment until the amount due is paid in full. Excessive cancellations or missed appointments may result in discharge from the practice.

LAB AND PATHOLOGY

You may receive separate billing statements from an outside lab or pathologist for review of skin tissue removed or biopsied during your visit. These providers could have different arrangements with your insurance company that may lead to additional bills. Should you have questions regarding those bills, please contact their office directly.

Please sign below to indicate that you have read and agree to this financial policy.

Print Patient Name

Patient or Responsible Party Signature

Date