



# Main Line Plastic Surgery

## Payment Agreement

Our office will bill your insurance company with the following provisions. It is important to understand, though, that the contract regarding your medical benefits is between you, your employer, and your insurance company and it is important you understand its provisions. The obligation you have with our practice is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies governing insurance claims and payment for services.

**Verification of Benefits:** As a courtesy, our office is verifying your coverage under an insurance plan. Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. The patient or patient's guardian is solely responsible for any debt incurred with our office.

**Insurance:** Although we are willing to complete insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you in an effort to maximize your insurance reimbursement. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment. We cannot accept the responsibility of negotiating claims with your insurance carrier or other persons. The patient is responsible for payment on his/her medical care. Regardless of the status of the claim, there must be action or payment on the account within 30 days from the date of service. No account will be carried past a 3 month period.

**Reduction or Rejection of Your Claim:** We cannot guarantee payment on your claim. If your insurance carrier pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance carrier does not relieve you of the financial obligation you have incurred with our office. Our office will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. We will cooperate fully with the regulations and requests of your insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company

**Reasonable and Customary Charges:** Our fees are generally different than what your insurance carrier allows. Therefore, you are responsible for any amount not paid by your insurance carrier regardless of the amount charged by our office and what amount your insurance carrier determines to be the reasonable and customary charge. It is understood and agreed that our office is in no way bound by the patient's insurance carrier guidelines on their reasonable and customary charges.

**Deductibles:** We require you to pay the co-payment, which is the amount not covered by your insurance company, at the time we provide service to you.

**I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY MEDICAL BENEFITS DIRECTLY TO MAIN LINE PLASTIC SURGERY PC/ DR JEAN.**

**I FURTHER AUTHORIZE YOU TO DEBIT MY CREDIT CARD IF YOU HAVE NOT RECEIVED PAYMENT FROM MY INSURANCE COMPANY WITHIN 60 DAYS OF RECEIVING TREATMENT.**

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Signature of Patient/Responsible Party

Credit Card #

Expiration Date

V-Code

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Signature of Witness

Name of Witness

Date