

Plastic Surgery Associates of Valdosta
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Valdosta, GA 31602 800-880-5391

Financial Payment Policy

Thank you for choosing Plastic Surgery Associates of Valdosta as your cosmetic and reconstructive surgery provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this financial payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon your request.

Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment in full is expected at each visit. If you are insured by a plan we are contracted with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-Payment and Deductibles: Prior to your visit, we will contact your insurance plan to determine any out-of-pocket costs deemed to be your responsibility. We require that you pre-pay all amounts determined not to be covered by your insurance company (i.e. co-pays, deductibles and co-insurance). This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. As a convenience to our patients, we accept cash, personal checks, Visa, MasterCard and Discover. We also offer financing by CareCredit. Please ask any staff member for additional information regarding CareCredit financing.

Non-Covered Services: Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. In most cases, we will attempt to inform you prior to any service that is not covered by your insurance.

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance information in a timely manner; you may be responsible for the balance of a claim.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to help expedite your claim payment. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will automatically be billed to you.

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency or the Magistrate court.

Price Quotes: It is your responsibility as the patient to obtain a price quote from our office. This price quote will give you an estimate of your cost or a range of costs for your surgery that is valid for a two-month period. If unforeseen circumstances require that procedures be done that were not anticipated, the actual cost may exceed that which is on the original price quote sheet. The price quote is not to be construed as a binding contract; it serves to provide you the best estimate we can provide at the time of your visit.

Special Needs: This office understands special needs. It may be necessary to set up a payment plan for a patient requiring extensive treatment for unexpected surgeries or medical care. If you feel that your situation should be considered as a special need, please bring this to our attention as soon as possible.

Thank you for taking the time to read this financial payment policy. We hope it answers any questions you may have. If you require additional information regarding our policies, please let us know.

By signing below, I acknowledge that I fully understand the financial policy of Plastic Surgery Associates of Valdosta and agree to abide by its guidelines, as stated above.

Signature of patient or responsible party
(Must be at least 18 years old)

Date

Print Name of signature above