



CAPITAL CITY COSMETIC SURGERY

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OUR FINANCIAL POLICY

Thank you for choosing Capital City Cosmetic Surgery as your healthcare provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

Insurance

All patients must complete our patient information and insurance form before being seen by the doctor. We do accept assignment from many insurance companies, but in the event that your insurance does not cover your treatment or visit within a reasonable time (45-60 days) the balance will automatically be transferred to the patient's responsibility. Please be aware that some of the services provided may be non-covered services and considered not reasonable and necessary under Medicare and/or other medical insurance.

We must emphasize that as Medical Care Providers, our relationship is with you, not your insurance company. We cannot accept the responsibility of negotiating disputed claims with insurance companies or any other persons. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Additionally, we will submit to a maximum of two insurances per patient. If you have health coverage with more than two carriers it will be your responsibility to file and settle claims with carriers in addition to primary and secondary.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of what those rates should be.

All co-pays and patient responsible charges are due at time of service. If your insurance applies any of your charge to your annual deductible or coinsurance, that portion is due and payable by the patient upon notice of such. If you have elected to use our practice and our physicians are out of your network of coverage, please check with your insurance regarding coverage. Your employer or provider of insurance determines your benefit coverage by contracting with a particular insurance company. If you have questions regarding your coverage, please speak with your human resources representative or use the web address listed on your card. **It is the patient's responsibility to know their coverage.**

Please note, most major surgeries include postoperative care for the first 90 days (this varies per procedure, please contact our office for your specific procedure). Any visit after that time frame will be charged. If you have a concern regarding this policy please discuss with your surgeon before your next visit.

High Deductible Health Plans (HAS, HRA, FSA participants)

If you are a participant in a High Deductible Health Plan (HDHP), a Health Savings Account (HSA), a Health Reimbursement Arrangement (HRA) or a Flexible Spending Account (FSA) please notify us prior to your visit. You must be prepared with the plan information and pay the patient responsible portion from the HSA, HRA or FSA **at the time of service.**

Patient Responsibility

If you are seeking a non-covered service, if you do not have insurance or if you are a participant in any insurance for which we are not a provider, we require that you be prepared to pay our fees at the time services are rendered. For services that will result in charges exceeding your ability to pay in full at the time of your visit an advance fee of at least 50% of the total charges is expected at the time of service. Services resulting in charges of \$250 or less are expected to be paid in full at the time of service.

We realize that temporary financial problems may affect timely payment on your account. If such problems arise, or in circumstances where a claim is pending or when treatment will be provided for an extended period of time, it is recommended that a payment plan be initiated. We encourage you to promptly contact our billing office at 1-866-314-0899 for assistance in the management of your account.

Payment Details

We accept cash, check, Visa, MasterCard, and Discover. If you are having surgery at an outside surgical facility, the facility and anesthesiologist are separate providers. Payment for services performed in the facility need to be discussed with the center. We can provide you with phone numbers for their billing department. If you do not have insurance and wish to see one of our doctors, a plan of payment needs to be discussed with one of our billing specialists prior to service.

Any returned checks are subject to a \$35.00 collection fee. Returned checks must be resolved before any appointments can be arranged.

Minor Aged Patients

Adults accompanying minor patients (parents or guardians) will need to complete a Release of Liability and Permission form. The same person is responsible for payment of any fees not covered by insurance for that minor. For unaccompanied minors, treatment will be denied unless we have received the proper paperwork. Insurance cards need to list the minor's name.

Please let us know if you have concerns or questions. I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date