

715 Shaker Drive, Suite 100 Lexington, KY 40504 Tel 859.277.9435 Fax 859.277.8852

Dear Patient,

We are committed to providing you with the best possible care. Commonwealth Plastic Surgery has adopted the following financial policy. We wish to avoid any misunderstanding about our billing and payment procedures, so we ask you to please review this policy. If you have any questions, please ask a member of our office staff.

- 1. ALL CO-PAYS, CO-INSURANCE, AND DEDUCTIBLES ARE DUE AT TIME OF SERVICE.
- 2. Please make checks payable to **Commonwealth Plastic Surgery** for procedures performed by provider Jared Nimtz.
- 3. Returned checks are subject to a \$25.00 returned check fee.
- 4. Balances from co-insurance are due when you receive the billing statement. After ninety days past due, your account will be sent to a collection agency, and you will receive one payment opportunity. A zero payment will result in the account being released to professional collectors and dismissal from the practice. Re-entry requires full payment, including the collection agency fee.
- 5. Payment for cosmetic services (which includes any **NON-COVERED BENEFIT**) is due in full at the time of service. There is no "billing" for cosmetic services, procedures or products. A 25% deposit is required to schedule some cosmetic and elective procedures. If surgery is cancelled or postponed after scheduling, a scheduling fee equal to the deposit will apply, unless the cancellation or postponement is due to illness certified by your physician. Payment on the balance of these cosmetic/elective procedures will be due at the surgical planning session (approximately 1-2 weeks prior to the surgery date).

I have read the above financial policy, and I understand my financial obligations in exchange for medical care provided by Commonwealth Plastic Surgery.

Print Name	
Signature	Date