

# OUR FINANCIAL POLICIES

**BASIC POLICY:** Payment for services is due in full at the time service is provided.

**For Patients with Insurance:** We bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. Co-Payments and deductibles are due at the time of service. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than an anticipated for your care. If an insurance carrier has not paid within 45 days of billing, professional fees are due and payable in full from you.

**Deductibles and Co-Pays:** It is your responsibility to check your insurance for your deductible and co-pays for office visits and surgeries. If your deductible has not been met, you will be responsible for the unpaid portion. If you have a high deductible plan, the Provider Reasonable Charge or Usual and Customary Reimbursement will be collected at the time of your appointment. If your Explanation of Benefits (EOB) indicates that we overcharged you for a service, the practice will refund the difference to you for that service.

**Medicare Patients:** We will bill Medicare for you. We will also bill secondary insurance for you. All co-payments or deductibles are due and payable at the time service is provided.

**Medicaid Patients:** All Medicaid patients must provide a current, valid certificate before being seen.

**Surgery Fees:** All co-pays, deductibles and payments for non-covered surgical procedures are due in full prior to surgery. Prior authorization may be required by your carrier.

**Non-Covered Services:** Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

**Cosmetic Services:** If you elect to pursue cosmetic surgery, you will meet with our surgical coordinator who will have more detailed information on policies, pricing, scheduling, informed consents and forms to be completed.

**Payment and HIPAA.** I understand that HIPAA authorizes you to disclose my protected health information to third party payors (including health/life insurance companies, banks, credit card companies, the issuing bank and/or payment processors) for payment purposes.

**Delinquent Accounts:** Should your account become delinquent and be referred to an attorney or collection agency for collection, you shall pay actual attorney's fees and collection expenses. All delinquent accounts may be charged interest at the maximum rate allowed by law.

I have read, understood, and agreed to the above financial policy for payment of professional fees. I understand that I am ultimately responsible for all professional fees.

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Signature

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Date