

## The Cosmetic Vein & Laser Center Financial Policy

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office. The Cosmetic Vein & Laser Center has contracts with most insurance companies. We will bill your insurance carrier; it is your responsibility to know if your proposed treatment is covered by your insurance carrier. You will be responsible for all co-pays, co-insurance and deductibles.

**Managed Care Insurance Contracts:** Patients enrolled in managed care health plans are **required** to pay their copay at the time of service. After insurance has paid for services, co-insurance and deductible amounts are due upon receipt of your bill and payment can be made via a phone call to our Billing Department.

**Acceptable Methods of Payment:**

Cash	Check	Money Order	
Visa	MasterCard	American Express	Discover

**Private Pay:** Payment for cosmetic services rendered in our office is due at the time of service. We offer treatment plans which include a 20% discount, for most cosmetic procedures. You may pay per treatment if you choose. There will not be a discount applied should you pay per treatment.

**Billing:** Any insurance balance over \$250.00 will be eligible for a 10% discount if paid in full within 30 days of receipt of first billing statement. **Starting January 3, 2011, a \$5.00 service charge will be added to your 2<sup>nd</sup> and subsequent statements if not paid in full within 30 days.** Any personal balance over 30 days old without current payments applied against it is considered an overdue balance resulting in delinquent status of the account. To avoid assignment to a professional collection agency, all payments due should be made promptly. If **genuine financial difficulties** exist, please call. We are happy to arrange a personalized monthly budget payment plan.

**Monthly Payment Plans:** Monthly budget plans are available to those patients who have a high balance due to deductibles and co-insurance amounts. The balance owed must be \$250.00 or more to qualify for a payment plan.

**Returned Check Policy:** If we receive a *Non-Sufficient Funds (NSF)* returned check, we will immediately notify the patient or responsible party. We will request that exchange with cash for the NSF check is made in our office within 24 hours. If a cash payment is not received in 24 hours, a \$35.00 returned check fee will be charged along with the check amount. If payment is not received within 30 days, appropriate legal action will be taken. All future appointments will be cancelled until full amount is paid.

**You will be asked to sign a copy of this financial policy at your first visit.**