

## **Payment for Services**

### **MEININGER PLASTIC SURGERY**

Payment for Services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Visa, MasterCard, American Express, Discover and Cosmetic Protect. We will be happy to assist you in the processing of your insurance claim form. Any such request must be accompanied by a completed insurance form.

Returned Checks and balances older than 30 days will be subject to additional collection fees. Charges may also be made for broken appointments and appointments canceled without 24 hours advance notice. All legal fees associated with a delinquent account are the responsibility of the patient, parent and/or guardian.

You must realize, however, that:

1. Your insurance is a contract between you, your insurance company, and/or employer. We are not a party to that contract.
2. Not all services are covered benefits of all contracts. Some insurance companies arbitrarily select certain services that they will not cover. Cosmetic procedures are usually not a covered expense.
3. If you are insured with a company that we currently participate with, please have your insurance ID card available for our information. Should this insurance company, for any reason, not reimburse us directly, or if we should not hear from this company in reference to a claim, you will be responsible for full payment.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. 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.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

**I have read and understand all of the information contained in the Payment for Services form. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account. I will notify any changes in my health insurance status.**

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**Signature (Financially responsible party)**

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**Date**

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**Signature (Financially responsible party)**

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**Patient Name (if different than above)**