



## Financial Policies

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Prestige Bariatric and Surgical Specialists Inc. appreciates your confidence in choosing us to provide for your health care needs. Our services imply a financial responsibility on your part - an obligation to ensure payment in full of our fees. We would like to share our financial policies with you since a clear understanding of our financial policies is an important component of our professional relationship.

### **Methods of Payment**

We will bill your insurance as a courtesy to you with a copy of your current insurance card, which must be presented at each visit. If you do not have your insurance card, payment is due at the time of service. For your convenience, we accept cash, debit and credit cards.

### **Participation with Insurance & Medicare**

PBSS participates with Medicare, as well as many HMO & PPO plans, which means that we accept assignment of benefits. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility. If we do not have a contract with your insurance company, you are responsible for payment in full and considered to be Self-Pay. Payment is due at the time of service; we will supply you with a statement to submit to your insurance company for direct reimbursement.

**Medicare:** As a Medicare patient, you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance with a company with whom we are contracted, we will bill your secondary insurance for you. Any remaining balance will be billed to you.

**PPO Plans:** As a component of our contracts, we collect co-payments for every visit. If you have not met your deductible, we collect a deposit toward your services. You will receive a statement for the remaining balance after your insurance plan processes your claim.

**HMO Plans:** If you are insured through an HMO, a referral is required from your primary care physician. If we do not receive a referral, we will require payment at the time of service.

### **Self-Pay**

Payment is due at the time of service.

### **Dietician Fees:**

There is a minimum charge of \$25 for all appointments with the dietician.

### **No Show Fees**

Please note that we may find it necessary to charge a No Show fee of \$25 if you do not cancel within 24 hours of your appointed time. We appreciate your calling so that your appointment time can be opened up to someone else in need.

### **Our Fees**

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determination of rates. Co-payments, co-insurance, and deductibles, or unpaid balances are due at the time of service.

### **Fees for Completion of Forms**

There is a minimum charge of \$25 to complete forms such as disability or FMLA forms.

I have read the Financial Policies of PBSS. I understand that it is my responsibility to provide current insurance information at each visit, as required by my insurance provider.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date