



FINANCIAL & INSURANCE POLICY

Patient Copy

Identity Theft Protection: In accordance with the Red Flag Rule of the Fair and Accurate Credit Transactions Act of 2003 (FACTA) implemented on May 1, 2009 by all healthcare providers in alignment with HIPAA you will be required for your protection to present the following documents for your chart – (1) a government issued photo Identification card with your legal name, current address and date of birth (Washington Driver’s License, Valid Passport, State Resident Identification Card, etc.), and (2) A current copy of your health insurance card.

Insurance Company Referrals: If your insurance carrier requires a referral, it will be the patient’s responsibility to obtain that referral from their primary care physician. If a referral is required and not obtained prior to your procedure, the patient will be responsible for any non-covered charges.

Patient Rights and Responsibilities: Washington state law guarantees that you have the right and obligation, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure(s). With this information you may make the informed decision whether to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure(s).

Cosmetic Services: Cosmetic consultations have a fee of \$75.00 due at the time of scheduling. That \$75.00 can be applied toward any future services rendered by our office within 12 months of consultation. Cancellations for aesthetic treatments made in less than 24 hours will result in a \$75.00 charge to the patient’s account. A second cancellation will result in the patient being responsible for the full price of scheduled treatment. Non-surgical cosmetic services must be paid in full at the time the service is rendered.

Pre-Paid Cosmetic Packages: Packages are *only* unbundled if clinical assessment deems completion of the treatment series is contraindicated. At that point, the completed sessions will be billed at the full price amount and a 20% processing fee will be deducted from the total refund. A package must be completed within 3 years of purchase otherwise subject to unbundling as above.

Surgery Cancellations and Rescheduling:

All Cosmetic Surgeries require a 50% deposit upon scheduling, and the remaining balance is due in full three (3) weeks prior to the day of surgery. In the event you request to cancel a scheduled surgery, the following refund structure applies.

- Cancellations within 90-days of scheduled procedure, deposit is refunded 100%.
- Cancellations within 60-days of scheduled procedure, deposit is refunded 50%.
- Cancellations within 45-days of scheduled procedure, deposit is non-refundable.

You may reschedule a surgery one time with no additional fees. Additional requests to reschedule your surgery



will result in a \$400 each time.

Expectations: Insurance carriers will only cover the portions of surgical procedures that meet their established medical necessity criteria. They will not cover any procedure that is performed for the enhancement of your appearance. You may discuss these types of appearance enhancements with your surgeon at the time of your consultation as they often can be performed at the same time as your insurance related procedure at a cost savings to you.

Guarantees of Outcome: There is no such thing as permanent or perfect surgery. Cole Aesthetic Center Surgeons cannot give or provide any guarantee of surgical outcome. Complications and Risks are outlined in our patient consent form and should be read carefully. If you should have any questions, please do not hesitate to discuss with your surgeon or the clinical staff at Cole Aesthetic Center.

Returned Check Policy: Patients will be responsible for a \$35.00 Service Fee for any check returned to our office by your bank as not valid for payment. This fee and the balance on your account will need to be paid by MasterCard, Visa, Care Credit or cash.



Eric A. Cole, MD, FACS

**MEDICAL
BILLING
SERVICES**

Insurance Authorization: Many insurance carriers require prior authorization for surgical procedures. This may require a written letter of documentation, pre-operative photos and possible diagnostic testing. **The authorization process takes an average of 30 days or 20-25 business days to complete.** Please keep in mind that an authorization is not a guarantee of payment, it is only proof that your case meets their established medical necessity criteria. Our facility will submit a request for in this authorization.

Co-payments, Co-Insurance and Deductibles: Co-payments are due and payable at the time of your visit. You may be required to prepay a deposit toward your annual deductible prior to any procedures. Any balance on your account is due and payable upon receipt of your first statement. Co-payments, Co-Insurance and Deductibles, by law, cannot be adjusted at the discretion of the surgeon or their office. Payment arrangements can also be made through the billing department to assist you with any remaining balances indicated by your insurance carrier. We accept MasterCard, Visa, Care Credit, Personal and Cashier’s checks and cash. Our billing personnel are available to assist you Monday through Friday from 8:30 am to 5:00 pm.

Post-Operative Period: Most major surgeries performed in our office-based surgery center have a 90-day global post-operative period. This means that all care that is directly related to your surgical office procedure is included in the initial surgical fee during the first 90-days following your procedure. Once the 90-day global period has passed, your future visits with your surgeon will be billed to your insurance carrier. **Exceptions** to this rule would be any care received that is not directly related to your surgical procedure (a different diagnosis); a return to the operating room for more surgery; or a surgical procedure that has less than a 90- day global post-operative period. These exceptions will be billed to your insurance carrier for further payment.

Billing Services: All medical billing is performed by Cole Aesthetic Center personnel. Please direct all questions and concerns to our billing department at 360.613.2600.

Patient Signature: _____ Date: _____

CAC Staff Witness: _____ Date: _____

Patient Name:

DOB:

