

Surgery Booking & Financial Policies

North Mecklenburg Plastic Surgery is dedicated to providing quality care to all of our patients. In order to do this, payment for services rendered must be received in a timely manner.

Please read and sign the following financial policy statement.

Consultation Visit – You will be informed regarding the cost of your consultation when scheduling your appointment. Payment is expected in full prior to seeing Dr. Nowicky. If you have made arrangements to utilize your insurance coverage, you will be expected to pay your co-pay and/or coinsurance prior to your consultation. We accept Cash, Checks, Debit Cards and Credit Cards (Visa, Mastercard, American Express and Discover) for your convenience.

Insurance – As a courtesy to our patients, we currently file insurance claims with the appropriate company. If our office has difficulty resolving claims for services rendered, we will provide you with the necessary documentation to settle this with your insurance company. The charges on your account are ultimately your financial responsibility; therefore, payment is expected in full upon notice. If you need to make payment arrangements, please contact our office and discuss this with our Billing Department.

Financing Options – Financing options are available. If interested, please inquire with our staff.

Surgery Deposit – A \$250.00, nonrefundable, deposit is required to schedule all *ELECTIVE* surgeries. We accept Cash, Checks or Credit Cards for this deposit.

Surgical Fees – We will notify your insurance company to determine insurance benefits prior to any proposed, *NON-ELECTIVE* surgery. You will be notified prior to your preoperative visit with regards to any out-of-pocket expenses (deductibles, coinsurance, etc.) that may be your responsibility. We make every effort to accurately estimate fees that are due. Payments for these fees are expected on your preoperative appointment, unless other arrangements have been made with the Billing Department.

Fees quoted for *ELECTIVE* procedures are all inclusive. The quote will include: surgeon's fee, surgical facility and anesthesia fees and all pre- and postoperative care. Additional costs may be incurred for certain postoperative garments, prescription medications, laboratory fees and any other preoperative testing deemed necessary by Dr. Nowicky.

Final Payment – Payments for *ELECTIVE* surgeries are **DUE IN FULL** on the preoperative visit which is usually 1 ½ to 2 weeks before your surgery. This payment can be made with Cash, Certified Checks or Credit Cards. **No personal checks will be accepted for the final payment.** If payment is not received, we will need to cancel your surgery. If you cancel your procedure after your preoperative appointment and prior to your scheduled surgery, you will forfeit an additional \$250.00 from your surgery payment. If desired, you will be allowed to reschedule your surgery date one time without penalty.

Return To Surgery – All touch-ups after *ELECTIVE* procedures are subject to surgical facility and anesthesia fees and possible additional surgeon's fees. These fees must be paid in advance when you schedule your surgery.

Collections – If your account is delinquent 120 days from your original date of service, it will be turned over to our Collection Agency. If this occurs, your account will be assessed an additional \$14.99 for collection services.

***If you have questions or concerns regarding your financial responsibilities,
please direct them to the Practice Administrator at 704-947-3331.***

I have read completely, understand fully and agree to abide by the Financial Policy of North Mecklenburg Plastic Surgery.

Signature of Patient/ Guardian _____ Date _____

Patient Name (Please Print) _____