CHRISTIANA
cosmetic surgery consultants

OUR FINANCIAL POLICY

Thank you for choosing Jonathan Saunders MD, Katheryn Warren MD or Julia MacRae MD as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. We request that you review it, then sign it before any treatment that we render to you. Full payment is due and expected at the time of service. You may make your payment by check, cash, money order or most major credit cards. All unpaid balances will be subject to a 1.75% monthly finance charge.

INSURANCE PLANS

You must understand that your insurance coverage is a contract between you and your insurance carrier. Please be aware that some and perhaps all of the services provided may be considered a non-covered service. This non-covered service may be considered medically unnecessary under the Medicare program and/or other medical insurance carriers. If this is the case, you will be financially responsible for the services rendered to you at the time of your visit. Furthermore, all co-pays will be collected from you before you see the physician. You must also present a current insurance card at the time of your visit. If you do not have a current insurance card, you may be asked to reschedule your appointment.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what are the usual and customary fees for our area. You are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

REFERRAL RESPONSIBILITY

I understand that if I DO NOT obtain a referral from my primary care physician, I will be responsible for any payment of services rendered to me.

MISSED APPOINTMENTS

Unless an appointment is canceled at least twenty-four hours in advance there will be a $100.00 charge applied to your account for the missed appointment. Please help us serve you better by keeping your scheduled appointment. However, if you are more than **15** minutes late for your appointment you will be asked to reschedule your appointment.

MISCELLANEOUS FEES AND INFORMATION

It is our office policy to charge a fee of **$50.00** for any returned check and remanded to the State Attorney General's office. A credit number will be required when you call to make a consultation appointment, if you no show for your appointment or fail to cancel with in the required 24 hour notice a **$75.00** administrative fee will be applied to your credit card. I give Christiana Cosmetic Surgery Consultants, Jonathan Saunders MD, Katheryn Warren MD and Julia MacRae MD and any business associate related to Christiana Cosmetic Surgery Consultants, Jonathan Saunders MD, Katheryn Warren MD and Julia MacRae MD my expressed permission to call this number using an auto-dial contact platform and prerecorded messages.

AUTO ACCIDENT

I understand that I am fully responsible for payment of ALL outstanding medical expenses incurred with regard to my injuries regardless of the outcome of the litigation. In the event that my medical expenses are not paid by the automobile insurance carrier involved, I agree to make arrangements for balance due on my account to Jonathan Saunders MD, Katheryn Warren MD or Julia MacRae MD.

WORKMAN'S COMPENSATION

I agree that I am fully responsible for any balance that my workman's carrier does not cover.

SURGICAL CANCELLATIONS

Cosmetic surgical procedures MUST be cancelled at least two weeks in advance in order to receive a full refund. Cancellations less than two weeks will be refunded at 80% of the fee.

Once again thank you for choosing Christiana Cosmetic Surgery Consultants. I further understand, that if I am dissatisfied with any service or person related to my treatment, I will notify the office in writing within 5(five) days of my visit.

I HAVE READ THIS FINANCIAL AGREEMENT AND UNDERSTAND AND AGREE TO THIS POLICY.

Patient/Responsible Party (Print)	Guarantor Signature	Date

ALL OFFICE VISITS ARE SUBJECT TO COPAY.