

Klapper Eyelid and Facial Plastic Surgery
Stephen R. Klapper, M.D., L.L.C.
Financial Policy

It is our privilege that you have chosen Klapper Eyelid & Facial Plastic Surgery to participate in your healthcare. As a patient in our practice, it is important that you are aware of our financial policies. We encourage you to carefully read this notice in its entirety and that you address any questions or concerns with our staff prior to your visit.

We will file a claim as promptly as possible with your insurance company provided that we have a current and legible copy of your insurance card, driver's license, personal demographic data, and credit card securely stored on file. If you do not have health insurance coverage, payment is expected at the time of service. Our office accepts personal checks, cash, money orders and Visa, MasterCard, Discover, and American Express credit cards.

Insurance Referrals:

While our office will attempt to assist you in obtaining the necessary referrals, it is the responsibility of the patient or their guardian to obtain all required authorizations prior to all office visits. You or your guarantor is responsible for all billed charges if an authorization is not on file at the time of your office visit or surgery.

Insurance Co-payments & Annual Deductible:

If your insurance plan's benefit structure requires office visit co-payments when obtaining care from a specialist, this co-payment is expected at the time of service and will be collected when you check-in for your appointment. If you fail to remit your co-payment at the time of your visit the charges for your visit will not be filed with your insurance carrier. These charges will be billed directly to you (the patient) for payment. A \$25 surcharge will be applied if your co-payment is not made at the time of your office visit. If your benefit structure includes an annual deductible you may be required to pay all or part of your deductible at the time medical or surgical services are rendered, particularly at the beginning of a new calendar year when it may be more difficult to determine if any portion of the annual deductible has been satisfied.

Medicare

Dr. Klapper is a participating provider for Medicare. Charges for services rendered to Medicare patients will be filed with the Centers for Medicare and Medicaid Services (CMS). Medicare patients are responsible for payment of their applicable annual deductible, 20% co-insurance, and charges for any non-covered service(s).

Certain surgical procedures (such as ptosis and blepharoplasty) that you, your referring doctor, or Dr. Klapper feel are functional and medically necessary may, in some cases, be considered non-covered or cosmetic services. Prepayment for these surgical services may be required. Prior to these procedures, you may be asked to sign Medicare's Advanced Beneficiary Notice (ABN) indicating your financial responsibility to Dr. Klapper in the event a claim filed with Medicare is denied due to not satisfying established criteria of medical necessity.

If, prior to surgery, you and Dr. Klapper review your condition and determine that it may not meet established criteria of medical necessity then the services you require for that specific condition will not be billed to Medicare. If you still elect to proceed with procedures that do not clearly meet Medicare's criteria for medical necessity then such services will be considered cosmetic and require full prepayment (see Cosmetic Services). You will be asked to review and sign an Advanced Beneficiary Notice (ABN) indicating that you understand your surgery will not be filed with Medicare and that you can not appeal to Medicare for payment after surgery.

Medicaid

Dr. Klapper is not a participating provider with Medicaid. Patients with Medicaid who elect to see Dr. Klapper will be responsible for charges incurred. Payment will be expected at the time services are rendered. Patients with significant financial hardship are encouraged to discuss payment arrangements with our billing department.

Returned Checks:

If a check is returned to our office for insufficient funds an additional charge of \$35.00 will be charged to your patient account. When this situation occurs, you may be required to pay for future visits with cash, money order or an authorized credit card.

Cosmetic Services:

Some of the consultations and procedures performed by Dr. Klapper are considered cosmetic by insurance carriers or Medicare. These services are not covered. Full payment for office cosmetic services is required at the time of your visit. For out patient elective surgery, payment is required two weeks prior to cosmetic surgery. You will be asked to sign a completed "Letter of Understanding for Cosmetic Elective Services" which will provide you the necessary financial information regarding your cosmetic procedure(s). Our office will assist you in coordinating prepayment of cosmetic services with the surgical facilities and anesthesia departments involved in your care. However, our office can only provide an estimate of expected facility and anesthesia fees. Patients are encouraged to verify directly with the facility and anesthesia providers how they handle cosmetic prepayments and your expected total liability for their services.

Explanation of Benefits

Once a claim has been processed by your insurance carrier you should receive an explanation of benefits (EOB) from your carrier. The EOB should indicate the status of your claim and the patient balance due to Dr. Klapper (your provider). This balance should reflect co-payments, co-insurance, unsatisfied deductibles and/or services not covered by your insurance plan. Your insurance carrier determines the amount you owe Dr. Klapper. Our office will immediately send you a statement for any balance due and owing after your insurance has paid our office. You will then have 30 days to make full payment to our office. After 30 days, any remaining patient balance will be charged to the credit card, debit card, or health savings/flexible spending account securely stored on file. Prior to charging outstanding balances to your credit card, our office will attempt to reach you via a courtesy phone call if your balance exceeds \$100.00.

Interest

Our office will charge a 20% finance charge on any patient balances greater than 60 days past due.

Collections

Any patient account balances over 120 days past due will be transferred to a collection agency or other contracted collection service for legal action. Further correspondence and payment arrangements must be directed to the collection agency or other contracted collection service once the accounts have been placed with the collection agency. The collection agency or other contracted collection service is authorized to seek legal action on behalf of Stephen R. Klapper, M.D., L.L.C. Any attorney fees or court costs incurred in the collection of this debt will remain the sole responsibility of the patient or the patient's guarantor.

I, the undersigned, have read, or had read to me, the two prior pages of this financial policy and understand the above information. I authorize payment of medical benefits to Stephen R. Klapper, M.D., L.L.C. and Klapper Eyelid and Facial Plastic Surgery for any services rendered to me. I also understand that I am financially responsible for any balance amount not covered by my insurance, as well as all co-payments, coinsurance fees, and applicable deductibles. A copy of this financial policy has been made available to me.

Name of Patient: _____
 First MI Last

X _____ /_____/201____
 Responsible Party Signature Date