



PARK MEADOWS COSMETIC SURGERY, PC
PARK MEADOWS OUTPATIENT SURGERY, LLC
7430 E. Park Meadows Drive Suite 300
Lone Tree, Colorado 80124
303.706.1100

PARK MEADOWS COSMETIC SURGERY, PC AND PARK MEADOWS OUTPATIENT SURGERY, LLC FINANCIAL POLICY

The following is a financial agreement for services rendered by Park Meadows Cosmetic Surgery, PC and Park Meadows Outpatient, LLC, Dr. Jeremy Z. Williams or Dr. Christopher G. Williams. We strongly believe that our financial policies incorporate judicious business practices, allowing us to provide our patients with the highest quality of care, while maintaining cost-effective fees. Please take a few moments to thoroughly read and sign this agreement regarding your obligations for services rendered.

POLICY

- A deposit is required to schedule surgical procedures as further described in your proposed Treatment Plan.
- Surgical fees, facility fees and anesthesia fees are due in full one week prior to surgery. Breast reconstruction and trauma patients are an exception and need to speak with a Patient Care Coordinator prior to surgery.
- Consultation fees are due in full at the time of the appointment. If insurance reimburses part or all of the consultation fee, a refund check will be sent to the patient.
- It is the patient's responsibility, prior to surgery, to verify insurance coverage and benefits.
- Out of Network Provider Plans: a payment of 30% of the total fees is due at the time of service unless otherwise noted by staff.
- The patient is responsible for payment of deductible, co-payment and co-insurance.
- It is the patient's responsibility to verify with their insurance company if a pre-determination, a pre-authorization or a pre-certification is necessary prior to any surgical procedure.
- As a courtesy, we will bill the appropriate insurance for the date of service. **Failure to provide all necessary billing information will result in full patient financial responsibility.** If a balance or refund remains after insurance payment is received, either a statement of balance due or a refund check will be sent to the patient. If insurance company pays the patient, and there is a balance due, patient must get money to us within 2 weeks. Any service determined as a non-covered benefit or excluded service by the insurance company is the patient's financial responsibility.
- I understand that if I am late for an appointment, the appointment may be rescheduled.

AVAILABLE FINANCING OPTIONS

- We accept cash, checks, Visa, Master Card, Discover, and American Express.
- Financing is available to qualified applicants.
- Rates are set by each individual company and are subject to change.

NO SHOW/CANCELLATION POLICY

- Cancellations will be accepted up to 24 hours in advance of the scheduled appointment. Any no-show or canceled appointment within 24 hours may be subject to a \$50.00 cancellation fee.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FINANCIAL POLICY PLEASE ASK FOR CLARIFICATION PRIOR TO SIGNING BELOW.

I have read and understand the Park Meadows Cosmetic Surgery, PC and Park Meadows Outpatient Surgery, LLC Financial Policy and agree to abide by its terms.

Signature of Patient or Guardian _____ Date _____