



**REVISED FINANCIAL POLICY**  
**Effective 7/1/2014**

1. You are responsible for your bill.
2. Payment is always due at the time services are rendered. If you have any questions regarding the amount due at each appointment, please ask prior to your appointment.
3. We do not offer payment plans but do offer CareCredit. You can go to [www.carecredit.com](http://www.carecredit.com) to see if you are eligible.
4. We will provide you with a receipt to submit to your insurance company for possible reimbursement according to your policy.
5. Any fee quoted will be honored for 6 months from the date the treatment is planned.
6. Failure to show up for a scheduled appointment with at least a 24 hour notice is subject to a \$50 broken appointment fee.
7. Returned checks are subject to a \$25 return check fee.
8. If collection procedures become necessary, the patient is responsible for all collection and legal fees.
9. Please remember that we are OUT-OF-NETWORK PROVIDERS (or NON-PARTICIPATING PROVIDERS) for all insurance companies.

I have read the Financial Policy. I agree to be responsible for all charges.

\_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_



## OFFICE POLICY CHANGE NOTICE

Beginning July 1, 2014, Stratis Gayner Plastic Surgery will no longer contract with insurance companies.

***How will this impact you?*** This will not affect your ability to receive care from our physicians in any way. We are happy to continue providing care for you. However, we will no longer bill insurance claims directly. We will provide you with an appropriate receipt to submit to your insurance company for possible reimbursement according to your policy.

***What should you do before you are seen?*** Your first step should be to call the number on the back of your insurance card and check with your insurance company to be sure they allow out-of-network benefits. This means that you are allowed to see any doctor you want whether they have a contract with your insurance company or not. If you do have out-of-network benefits you will be able to send our receipt to your insurance company for processing and possible reimbursement according to your policy.

***What happens if your insurance doesn't have out-of-network benefits?*** We are still happy to treat you, but your insurance company **may not** reimburse you for our services. You will need to talk to them about how to handle claims for out-of-network providers. If you have a secondary insurance or an HSA or FSA, you may be able to submit the receipts for reimbursement according to their policies. Again, you should discuss all of this with your insurance company prior to seeing us.

***What if you have Medicare?*** As always, we are happy to continue caring for you. Unfortunately Medicare does not allow for reimbursement of our services. If you have a secondary insurance and/or an FSA/HSA you should check with them to see if you can be reimbursed for continuing care with us.

***Why did we choose to dissolve our insurance contracts?*** Over the last several years we have seen an increasing trend in more paperwork, less reimbursement, and rejections. Honestly, it's ultimately about our ability to treat you to the best of our abilities—without being told yes or no by an insurance company.

***How do you pay for your services?*** We happily accept cash, checks and all major credit cards. We also participate with Care Credit, a health care/veterinary credit card. All services must be paid in full at time of service.

Our patients are very important to us. If you have general questions or personal concerns please feel free to contact us. We will do what we can to help you navigate our new policies.

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