



Midland Plastic Surgery Center PA
701 N Tradewinds Blvd, Suite B
Midland, TX 79706
Office: 432-618-6772
Fax: 432-618-6775

Financial Policy

Patient Financial Responsibility:

We are delighted that you have entrusted your care to Dr. Cook and the staff at Midland Plastic Surgery Center (AKA MPSC). We look forward to helping you reach your healthcare goals. Our practice believes that a good physician/patient relationship is based upon understanding and open communication. To that end, the policies outlined below are intended to provide understanding of our mutual expectations regarding the financial guidelines of MPSC. We hope you will find this information helpful.

Overview of our Respective Financial Responsibilities:

- MPSC's Responsibility: To post charges and payments accurately. To prove claims and statements to the responsible party based on the best information available to us. This includes direct insurance billing and patient billing for remaining balances. To provide accurate financial counsel to patients who contact our billing department.
- Patient's Responsibility: To assure that MPSC is provided with the most current insurance information known. To provide timely payment to MPSC for all balances to be the responsibility of the patient (whether co-pay at the time of service or balances due following insurance payments applies i.e., deductibles and co-insurance). Delays in communicating changes in your insurance coverage may result in the balance being uncollectible from the insurance company and the full responsibility for payment falling on the patient.

Payment:

The total patient balance due is required to be paid at the time services are provided. For your convenience we accept cash, checks, Visa, Mastercard, Discover, and American Express.

Our office participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card at every visit. If you do not have your insurance card, you may be asked to pay at the time of the service and sign a waiver of responsibility;
- Be prepared to pay your co-payment and or co-insurance at each visit;
- For medical care not covered, deemed medically unnecessary, or deemed cosmetic by your insurance company, payment in full is due at the time of the visit. If unable to do so, please contact our Billing Department at 432-618-6772 ext. 113.

Insurance:

You are responsible for any balance your insurance does not cover. We will file your insurance claim and allow forty-five (45) days to render payment. After forty-five (45) days, if we have not had a response from your insurance company, you will be responsible for the entire balance.

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We do file secondary insurance claims for your payment to our office.

If you have insurance that is considered "out of network", we will bill them as a courtesy to you, but any amounts unpaid by your plan will be your responsibility.

Medicare and Medicaid:

Medicare: Please be aware that some office visits and/or procedures are not covered by Medicare on an annual basis. Please check with your local Medicare carrier for specific benefit guidelines. We accept assignment from Medicare. For services/procedures not covered by Medicare, you will be asked to complete and sign an ABN form.

- **For Surgical Procedures:** For any Medicare patients with a co-pay or deductible, we will require a booking fee of \$500.00 which will be due at the time of scheduling your surgery date. This booking fee may be refundable, but is dependent on Medicare's final assessment of the patient's current balance for their co-pay and/or deductible at the time of final billing. MPSC may withhold a portion or all of the booking fee to cover the balance not paid by Medicare to account for the co-pay/deductible.

Medicaid: We accept assignment from Medicaid and no booking fee is required.

Children of Divorced Parents:

Responsibility for payment for treatment of minor children, whose parents are divorced, rest with the patient who seeks the treatment. Any court ordered responsibility judgement must be determined between the individual involved, without the inclusion of Midland Plastic Surgery Center PA.

Outside Services:

Please be advised that patients may receive separate bills for any lab tests, cultures, and biopsies, as they may be sent to outside sources for analysis. Any inquiries regarding their charges should be made directly to that facility's business office.

Other Fees:

- **Medical Records Fee:** If you are wanting medical records for your personal use, there is a \$25.00 charge for the first twenty (20) pages and \$.50 for each page thereafter. There will need to be a Medical Release Form completed and signed. Please allow fifteen (15) days for the records to be processed.
- **Return Check Fee:** If a check does not clear the first time, our bank will automatically run the check through a second time of processing. Checks that are returned to our office will carry a \$25.00 return check handling fee. It is expected that the patients will pay the amount of the returned check and the fee with cash or credit card as soon as the situation is brought to their attention.
- **No Show Appointment Fee:** If we do not receive a 24 hour notice to cancel or reschedule an appointment, there will be a \$30.00 charge added to you account.

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- **Surgical Fees:** Midland Plastic Surgery Center provides only surgical services for any procedure performed. Other services may be necessary to complete your surgical treatment i.e., anesthesia, radiology, and pathology, among others. There is a possibility that "out of network" providers may provide all, or part, of the covered services related to your surgical care.
- **Cosmetic Procedures:** At the time of scheduling the surgery, we will collect a non-refundable \$1,000 deposit. This will be applied to the total cost of the surgery, but is not refundable in the event of cancellation. The remaining balance for the procedure must be paid ten (10) business days prior to your surgery.
- **Non-Cosmetic Procedures:** During the scheduling process, our Surgery Coordinator will estimate the "out-of-pocket" cost of the scheduled procedure. This estimated cost will be collected when the surgery is scheduled.
 - For procedures that will be billed to insurance, MPSC collects a \$1,000 booking fee at the time of scheduling the surgery. If the surgery is cancelled, this fee is refundable. For completed procedures, this fee is available to be refunded in part or in full after payment from the insurance company to MPSC. The amount to be refunded can vary based on factors including the patient's unmet deductible, yearly out-of-pocket expense, and co-pay amounts that insurance may deduct from their payment to MPSC.

Form Completion: If you have the following forms that will need to be completed, there is a \$25.00 fee per form:

- FMLA;
- Short Term Disability;
- Long Term Disability; or
- Verification of Wellness Examination

Please note, these forms will be completed within ten (10) business days after being submitted. If you would like them in a timely manner, bring them to your Pre-Operative appointment with our Surgery Coordinator.

Thank you for taking the time to review and understand our financial policies and the reason behind them. If you have any questions or concerns about the financial aspects of your relationship with us, please feel free to contact our Billing Department at 432-618-6772 ext. 113.

Important Numbers to Know:

Appointments	432-618-6772 ext. 101
Billing Department	432-618-6772 ext. 113
Nurse	432-618-6772 ext. 106
Practice Manager	432-618-6772 ext. 108
Surgery Coordinator	432-618-6772 ext. 107