

Mission Plastic Surgery

Insurance Coverage Statement

To Our Valued Patients:

You are responsible for charges incurred for services rendered at the time you are seen. Our office will be happy to bill your insurance for reimbursement and/or payment as a courtesy, however, **YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR BILL IN ITS ENTIRETY.** Your contract is between you and your insurance company. Please check with your policy to make sure Dr. Doezie is not excluded from your specific plan.

We realize that some of our patients come to us through the Emergency Room, others are referred by their physician, or by a friend. This is to notify you that we are contracted with: Bristol Park HMO, Medicare, Anthem Blue Cross PPO, Cigna PPO, Aetna PPO, Blue Shield PPO, and Mission Hospital Affiliated Physicians (MHAP) HMO. If you have an EPO, Open Access, or Point of Service, you will likely be using your Out-Of-Network benefits to see Dr. Doezie. Please note that if you have an HMO, you will need an authorized approval from your primary care physician in order for your insurance to be effective for your office visit.

To those Emergency Room patients, we cannot be responsible for what the hospital tells you, since they do not know which doctors are contracted with the different insurance carriers. By law, we are also not at liberty to ask the hospitals if you are insured or not. We are there to perform a service on an emergent level. If you are covered by an HMO, you must notify your Primary Care Physician at once.

Cosmetic consultations are \$100 and if a procedure is recommended and scheduled this fee will be applied towards your surgery. If at your visit it is determined that your procedure may meet the criteria to be run through your insurance and you wish for us to do so, we will be billing for the consultation and you would be responsible for your bill based on your coverage.

From time to time, as an executive decision, billing and costs may be waived to aid in the care and treatment of patients. Nothing in this decision or act shall be construed as an admission of negligence or substandard care but only an assistance to facilitate patient care.

Please sign below acknowledging that you understand and have read this statement.

Signature of Patient or Guarantor or Guardian

Date