

Financial Policies and Information

If we participate with the insurance plan under which you are covered, we will bill the carrier for all charges for services rendered. We will bill your primary insurance plan. You will be responsible at the time of service for the payment of:

- Annual deductibles
- Co-payments
- Charges for non-covered or cosmetic services

We will call your insurance company to verify eligibility and benefits. However, verification of benefits is not a guarantee of payment. You will be balance billed if:

- Your insurance company pays less than what we expected
- We obtain a denial from your insurance company
- We have not received payment from the insurance company within 60 days of filing your claim

We are Medicare participating providers; therefore, we will bill Medicare directly. You will be responsible at the time of service for payment of:

- Annual deductibles
- Co-insurance
- Charges for non-covered or cosmetic services
- Secondary insurance portions that are not ordinarily forwarded by Medicare

If you have no health insurance, payment is expected in full at the time of service.

Returned Checks: There will be a \$50.00 service fee charged for all returned or canceled checks.

Missed Medical Appointments: If you are unable to keep your appointment, please reschedule two days prior to your visit to allow someone else to take your place. **Failure to show up for your appointment will result in a \$25.00 missed appointment fee.**

Missed Cosmetic Appointments: If you are unable to keep your appointment, please reschedule two days prior to your visit to allow someone else to take your place. We require **\$100.00 deposit on certain cosmetic appointments. **Failure to show up for your appointment will forfeit your deposit.****

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

USES AND DISCLOSURES OF HEALTH INFORMATION: We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATION: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner or provider performance, conducting training programs, accreditation, and certification, licensing, or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure performed by your authorization while it was in effect. Unless you give us written authorization, we cannot use or discuss your health information for any reason except those described in this Notice.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.