



Plastikos Plastic & Reconstructive Surgery
Plastikos Surgery Center
Millennium Healthcare
Avatar Industries
4370 Georgetown Square
Atlanta, GA 30338
(770) 457-4677 (Tel.)
(770) 457-4428 (Fax)
www.plastikos.com
www.millennium-healthcare.com
www.templeofhealth.ws



A STATEMENT OF FINANCIAL POLICIES FOR OUR PATIENTS

Welcome to the practice of Plastikos Plastic and Reconstructive Surgery, Plastikos Surgery Center, Millennium Healthcare and Avatar Industries. We hope to make your visit as pleasant as possible. Aside from the emotional and physical impact of any illness or injury, there is all too often a degree of financial impact as well. We would like to ease your potential financial burden as much as possible. Your review of our financial policies will assist in avoiding any future misunderstandings. We strive to provide high quality, affordable plastic surgery and integrative medical care.

Office Visit Payment:

Our staff will assist you in filing insurance. Deductible and co-payments are collected on the day of your office visit. If eligibility of insurance cannot be verified or if insurance information is not given, we ask for payment in full. Individuals without insurance are expected to pay, in full, on the day of their visit.

Insurance For Surgery:

We will provide you with an estimated surgical cost analysis if you are having elective surgery. This consists of a listing of the planned procedures and fees. You may use this information to check with your insurance company prior to surgery to determine if they will cover the proposed procedures. We ask that patients scheduled for elective surgery pay their prepay two weeks in advance, if using a personal check. If paying by money order, certified check or credit card, then the prepay will be collected 1 week in advance. Insurance payments, which are authorized to be paid directly to us, will be credited to your account as those payments are received. ***Please note:** Although we will help you gain maximum reimbursement from your insurance company, realize that payment for services rendered is your personal responsibility and our charges are in no way influenced by what your insurance company pays. The amount an insurance company reimburses for a particular procedure will vary with the company and the type and quality of each patient's individual or group policy.

Cosmetic Surgery:

Most insurance do not cover cosmetic procedures. Payment for all cosmetic surgery must be made in advance. We ask that payments be made two weeks in advance for personal checks. If paying by money order, certified check or credit card, then the prepay will be collected 1 week prior. A deposit is required at the time of scheduling.

Liability Claims:

If you are insured in a liability claim, such as an automobile accident, you or a legal guardian are responsible for all medical charges. You will be required to sign a lien agreement and a payment plan. While involved with a lien, monthly payments towards the balance are required. If you change legal counsel and do not notify us of the change, any balance due on your account becomes due and payable immediately.

Worker's Compensation:

To receive full benefits, we must have employer verification and/or the adjustor's authority to treat. We will provide your employer with all medical and financial details. Without this information, you will be treated as a non-worker's compensation case, meaning you will be responsible for the bill.

Medicare:

We are a participating practice (Plastikos Plastic & Reconstructive Surgery and Millennium Healthcare) and will file all Medicare paperwork. When provided with secondary information, our office will also file those claims. For services that are non-covered by Medicare, you will be required to sign an Advance Beneficiary Agreement.

Past Due Accounts:

In the event you may have any financial concerns, please contact our Central Business Office at (678) 514-2108. Our staff is committed to assisting you with any questions or concerns you may have regarding your account.

Returned Check Fee:

There will be a \$35.00 fee assessed to your account anytime a check is returned from the bank.

Finance Charges:

Monthly interest in the amount of 1.5% may be charged to any account with a balance greater than sixty days. We are all too aware of the current nationwide crisis in health care financing. Quality, personalized medical and surgical care is sometimes a necessary expense. Despite the pressures to pass along increased costs to the patient, we work hard on your behalf to contain fees and other charges. We are here to serve you for your medical care needs. If we have done well, please tell your family, your friends, and your referring physician. If not, please tell us!

I have read and understand the above statement and I agree with its content. By my signature below, I attest that I am not falsely representing myself.

Signature: _____ Date: _____