FINANCIAL POLICIES

**COSMETIC PROCEDURES AND COOLSCULPTING**

Your surgery proposal will include all pre-operative visits as well as post-operative visits for a full year following surgery. The facility fee in the proposal includes usage of our accredited operating suite, surgical supplies, anesthesia, and recovery room. The proposal will not include any lab work or medical tests (such as EKG or Mammogram) if required for surgery. Also not included in the proposal are any pathology charges (if applicable), or prescription medications.

If a revision of the original surgery is necessary within the first year, the facility fee will be your responsibility; however, Dr. Goh may reduce or waive the Surgeon’s fee at her discretion provided all recommended post-operative instructions are followed.

Dr. Goh’s fee proposal will be honored for three months following the date of the proposal.

At the time your surgery is scheduled a $1000 deposit (or 50% of your total fee, whichever is less) is required. The deposit reserves the surgeon’s time, the equipment, services, and supplies that require advance financial commitment. **This deposit includes a 50% non-refundable booking fee.** The deposit is applied to your total cost. **THE REMAINING BALANCE OF YOUR TOTAL FEE IS DUE TWO WEEK PRIOR TO YOUR SCHEDULED SURGERY DATE, NO EXCEPTIONS.** (For Coolsculpting procedures the balance remaining after the deposit is paid may be paid the day of the treatment.)

**Refunds**

•If you cancel or reschedule within three weeks of your scheduled procedure date you will forfeit the full $1000 deposit.

•If you cancel more than three weeks before your scheduled procedure date you will forfeit the non-refundable 50% booking fee.

•If you reschedule more than three weeks before your scheduled procedure date you will forfeit the non-refundable 50% booking fee. You will be required to pay an additional $500 to bring the deposit level back up to the required $1000 to schedule a new procedure date.

Dr. Goh’s discretion will prevail regarding refunds for cancellation due to medical results from pre-operative testing results that may delay your scheduled date.

**INSURANCE OFFICE VISITS**

GSPRS is a participating provider with Medicare, South Carolina Medicaid, TRICARE Standard, TRICARE for Life, and Worker’s Compensations plans.

**At the present time we do not participate as a network provider with any private insurance companies such as Blue Cross Blue Shield, Humana, UnitedHealthcare, Aetna, Cigna, etc.**

Patients covered by carriers other than our contracted partners must pay for services provided by our physician at the time services are rendered. Even though GSPRS may not participate in your insurance plan’s network, as a courtesy to you, our staff will file a claim on your behalf. If GSPRS receives any reimbursement from your insurance carrier, GSPRS will promptly issue a refund to you in the amount your insurance company paid to GSPRS.

**Our office does not file secondary insurance claims, regardless of the insurance carrier.**

**PAYMENT METHODS (Applies to all payments)**

Payments may be made with cash, Visa, MasterCard, American Express, Discover, Care Credit, or personal checks. Please be aware that GSPRS cannot hold checks for deposit at a later date**, all checks will be deposited daily at the close of business. No exceptions**. As mandated by SC law, a $30 fee will be charged for all returned checks.

In extreme conditions, and only with the physician’s pre-approval, a promissory note (agreement to pay) may be signed. A finance charge of 1.5% a month or 18% a year may be added on overdue balances. Accounts having no payments made for sixty (60) or more days from the date of service or from the initial date of filing with the insurance company are considered overdue and may be sent for collection.

By your signature below, you acknowledge you have read and understand these financial policies. You have been given the opportunity to ask questions regarding these fees and understand your financial obligations.

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CareCredit 

Rev 3/2015