**FINANCIAL POLICY**

Effective January 13, 2017, we will request a copy of a Master Card or VISA before your visit with either Doctor. This will be kept on file for any balance on your account that is over 30 days past due, including co-pays, co-insurance and deductibles. Your credit card information will be secured in our system with no available outside access.

Should a balance be due, we shall send you one statement. Your portion will be due to us within 30 days. This gives you the option, if you prefer, to pay by other means, or to call our office to make payment arrangements if necessary. Any accounts that are over 30 days old will be charged to the credit card we have on file for you.

**COSMETIC CONSULTATION AND TREATMENT FEES:** Our Cosmetic / Laser / CoolSculpting consultation fee is $125.00. For all procedures that are not covered by insurance, payment is expected at the time of service. For your convenience, we take cash, checks, Visa or MasterCard.

**COSMETIC SURGERY** To reserve a surgical date, a non-refundable deposit equal to 25% of Dr. Dick’s total procedure fee must be paid at the time of scheduling. Should you have the need to reschedule within two weeks of surgery, please note that your deposit will be forfeited. If cancellation occurs within 72 hours of the surgery date, 75% of the total surgeon’s procedure fee is non-refundable. A pre-operative appointment will be scheduled at our office within two weeks of your surgery. At this visit the balance of Dr. Dick’s surgical fee is due. All post-operative visits for the first year are included in the surgical fee.

Our office reserves the right to release your surgical date if fees are not paid in accordance with our financial policy. Fees quoted on the cost analysis sheet will be honored for one year. Montgomery Surgery Center and First Colonies Anesthesia offer our practice a, “cosmetic rate,” and fees are based on time. The fees quoted are estimates only and are due the day of surgery. These fees must be paid either by credit card or cash only.

Please note:

* In some cases, there may be additional costs or pathology fees.
* Your anesthesia is provided by First Colonies Anesthesia Associates.
* The facility fee is a separate charge and provided by Montgomery Surgery Center.

**INSURANCE CONSULTATION/SURGERY:** All co-pays are due at the time of your appointment. We will bill your insurance only if we are a participating provider, however, it is your responsibility to verify if we are **in network** with your specific insurance plan. If for any reason your insurance company denies claims on your behalf, it will be your responsibility to pay your balance in full. All deductibles, co-pays, co-insurance, non- covered services and all cosmetic balances are ultimately your responsibility. We reserve the right to send unpaid balances to collections, where you will then be responsible for any and all collection fees.

If we perform a procedure in our office, a deposit of $175 is due at the time of service. For all procedures done in the hospital or surgery center, a deposit of $250 is due at the time of booking. These amounts shall be applied to the balance owed by you. Once your insurance company has paid their portion, any credit shall be refunded back to you within 60 days.

Checks that are returned to us for insufficient funds will be subjected to a service fee of $50.

**CANCELLATION POLICY** We understand that your time as well as ours is valuable. However, we reserve the right to charge a **$100** **cancelation fee** for office appointments not canceled at least 24 hours in advance.

**I have read, understand and agree to all the terms of this financial policy:**

**Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Gregory O. Dick, M.D., FACS 9711 Medical Center Drive, Ste. 100 Shirley A. Olsen, M.D.

Updated 2/17 Rockville, MD 20850