

**GREGORY O. DICK, M.D., FACS**  
**SHIRLEY A. OLSEN, M.D.**  
Plastic, Reconstructive & Cosmetic Surgery

## **Payment & Credit Card 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 or deductibles. Your credit card information will be secure in our system with no outside access available.

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 and Master Card. Should a balance be due either for cosmetic or insurance services, we will send you a statement once your insurance plan has paid us or your cosmetic treatment is complete. 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.

Also, please note that our policy is to collect a \$175 deposit before any (insurance) office procedures are performed, and a \$250 deposit is required to book surgery using your health insurance at a hospital or surgery center. Once your insurance company has paid in full, we shall return any credits due to you within 60 days.

By signing this agreement, you understand that you have given us approval to use your credit card for any and all unpaid balances that are over 30 days past due.

PATIENT NAME: \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_