

FREDERICK J. MENICK, M.D.
DIPLOMATE OF THE AMERICAN BOARD OF PLASTIC SURGERY

FINANCIAL POLICY

Thank you for choosing Dr. Menick as your plastic surgeon. We sincerely appreciate your trust and the opportunity to serve you. As part of our commitment to service, we make every effort to offer efficient and helpful billing services. It is required that you read, understand, and sign the following financial policy prior to any evaluation or treatment.

Medicare:

We participate with Medicare, and we accept assignment.

Non-participating plans:

As a courtesy to you, we will provide you with complete insurance information. Since we do not participate with your plan, the insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please notify us if you have contacted your insurance company and there is additional information that we may provide to help settle the claim.

Usual and Customary Rates:

Our practice is committed to providing the best care for our patients. Our charges are within the usual and customary charges for our specialty in our area. You are responsible for payment regardless of any non-participating insurance company's arbitrary determination of usual and customary rates.

Final considerations:

Cosmetic surgery is not covered by insurance and is your full responsibility. Surgical fees must be paid in full prior to surgery. There are no exceptions. A \$300.00 deposit is required when scheduling surgery to reserve the surgery time. The deposit as well as one consultation fee will be applied to the total amount of the surgery fee. If you cancel the surgery at least five working days before surgery, the deposit will be refunded. The remainder of the fee must be paid at least five working days before the surgery date by cash, cashiers check, money order, Visa or Master Card. If you pay with an Arizona check, the check must be received at least 2 weeks prior to the surgery date. An out of state check must be received at least 3 weeks before surgery. If these financial requirements are not met, your surgery is subject to cancellation without notice.

If at any time you have questions regarding cost of procedures proposed, you may ask for someone from the financial office to discuss anticipated costs with you.

Thank you for taking the time to read and understand our financial policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to this financial policy.

Patient Signature/ Responsible Party

Date of Signature