

TEXAS PLASTIC SURGERY ASSOCIATES

Frederick J. Duffy, Jr., M.D. & Brice Mckane, M.D.
7777 Forest Lane, Suite C-504 Dallas, TX 75230
Phone: 972-566-3939 Fax: 972-566-3999

Financial Policy

Insurance

Your insurance policy is a contract between you and your insurance company. We are contracted and in-network with most insurance companies, however it is your responsibility to check with your insurance company to verify in or out of network participation with providers and facilities. It is also your responsibility to understand your policy benefits, coverage as well as what your out of pocket costs are. If your insurance requires a referral from a PCP, you are responsible for making sure our office is in receipt of a referral. Insurances cover only procedures which the insurance company determines to be medically necessary. No insurance company will guarantee coverage prior to a surgery. Our office verifies your eligibility and benefits. We may submit a pre-determination letter to your insurance company to see if they consider a procedure medically necessary, and will also obtain pre-certification or prior authorization when applicable. We will bill your insurance company directly on your behalf. You will be sent a statement for the remaining portion that is deemed your responsibility as per your insurance company. If the insurance determines the services rendered were not medically necessary, you will be financially responsible.

Patient Payments

Co-payments are due at the time of your office visit. You may be asked to pay any remaining deductibles or account balance prior to surgery. Our office accepts cash, checks, Visa, Mastercard and American Express. If you are experiencing a financial hardship or are unable to pay your balance in full, please let us know. In most cases we are able to make payment arrangements.

Cosmetic

Cosmetic surgery and cosmetic procedures are not covered by health insurance. All cosmetic services must be paid for in advance by the patient (cash or credit card, no checks for cosmetic surgeries/procedures). An initial quote is provided after the patient undergoes a consultation, and then a booking deposit must be paid at the time of booking. The balance must be paid in full prior to surgery.

Patient agreement

We ask that you sign below to indicate you have read and understand the above policy. Your signature also indicates that you agree to cooperate with any requests from your insurance company in a timely fashion, and to notify us of any insurance changes in a timely fashion. You also acknowledge and agree that you are financially responsible for all services rendered including denied claims, copayments, deposits, and deductibles. If you have any questions regarding the above policy, please do not hesitate to ask at any time.

Signature

Printed Name

Date