



OUR PRACTICE FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless either you or your health coverage carrier have made other arrangements in advance, full payment is due at the time of service. Co-payments not paid at the time of service will be subject to additional collection fees. There will be a \$25.00 fee for any returned checks as well as any processing fees incurred.

YOUR INSURANCE

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility.

We are participating with several insurance carriers. We will bill those carriers with whom we are participating and will collect any required co-payment at the time of service. Not all services are covered benefits of all contracts. Some insurance companies arbitrarily select certain services that they will not cover. In the event your health plan determines a service to be "not covered," you will be responsible for the complete charge. Also, should your insurance company for any reason not reimburse us directly or if we should not hear from this company in reference to a claim, you will be responsible for full payment. In that event we will bill you, payment is due upon receipt of that statement. Please feel free to confirm with our staff whether we participate with your insurance.

For all non-participating health plans, a 10% deposit of the surgical fee is required for all procedures. As a courtesy we will prepare and submit a claim on your behalf. It is your responsibility to know your financial obligation regarding deductibles, co-payments and allowances. Unless other arrangements have been made, any balances remaining are due upon receipt of the statement

COSMETIC SERVICES:

All cosmetic consultations are payable at the time of service, and all fees collected for the consultation are non-refundable. If you elect to undergo a cosmetic procedure, the consultation fee will be credited towards Dr. DiBello's surgical fee. All cosmetic procedure fees are payable in full two weeks prior to the time of service unless other arrangements have been made. There will be a 3% non-refundable processing fee assessed for all credit card transactions.

FINANCIAL POLICY CONTINUED

MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

FOR ALL PATIENTS:

ASSIGNMENT AND AUTHORIZATION TO RELEASE:

I request that payment of authorized benefits be made either to me or on my behalf to Joseph N. DiBello, Jr., MD for any services furnished to me by that provider of service. I authorize any holder of medical information about me to release to my insurance carrier and its agents any information needed to determine these benefits or the benefits payable for related service(s).

**I have read and understand the financial policy of the practice and I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account.
I agree to be bound by its terms.**

Signature of Patient (or Responsible Party
If Patient is a Minor)

Date

Please Print the Name of the Patient