

Patient Name: \_\_\_\_\_

Alyeska Center for Facial Plastic Surgery & ENT  
3831 Piper St, STE S433 Anchorage, AK 99508  
Telephone: (907)561-1421 Fax: (907)561-0327

### **FINANCIAL POLICY**

Thank you for choosing ACFPS as your health care provider. We are committed to providing everyone with the best possible care. In order to do that, it is important that we establish a clear policy of what is expected from us as your provider and from you. All patients are required to read and sign this policy, prior to services being rendered. A new form will be required once a year or when there is a change in insurance provider.

**Questions regarding this policy may be directed to either our Office or Billing Manager.**

#### **Patients with Insurance**

Our office will bill all insurance companies as a courtesy, as long as a copy of the current insurance card is provided by the patient at the time of service. Our office is NOT a contracted in-network provider for any insurance company. However, we are enrolled and accept AK Medicaid and Medicare Part B. We strongly recommend you contact your insurance company to verify your benefit coverage at our office. You may want to ask if they allow for exceptions of in-network coverage when there is not a contracted in-network provider in your area. Co-pays and deductibles are to be paid at the time of service. If you are unsure what your co-pay amount is or unsure if you have met your deductible, you will be charged 20% of your total bill at the time you check out.

Insurance coverage is not a guarantee of payment. Please be aware that few insurance companies cover all medical costs. Some pay fixed allowances while others pay only a percentage of costs. Many insurance companies use a fee schedule derived from providers outside this region and may not be applicable to this area. You are ultimately responsible for any portion of your bill that insurance denies or does not cover. Remember, your coverage is a contract between you and your insurance carrier, questions regarding coverage will need to be directed to them.

#### **Patients without Insurance**

Patients being seen for a medical reason that does not have insurance will be expected to pay for their first consultation in full at the time of service. If further testing, procedures or surgery is necessary, each case will be addressed individually at that time to work out a payment schedule.

#### **Patients seeking cosmetic services**

All cosmetic services are to be paid in full at the time of service. Surgery fees for cosmetic procedures are due at the time of your pre-operative appointment. Any cosmetic services rendered that are not paid in full at the time of visit will result in the patient not receiving any further treatments until the account is paid in full.

Any charges verbally told to a patient are considered estimates and are subject to change. A provider must evaluate a patient to determine the level of office visit or what procedure is necessary before a final charge can be given. Only those prices given in a formal written quote will be honored.

Accounts that become delinquent will be submitted to a collections agency and will be subject to credit reporting. In addition, patients whose accounts are submitted to a collections agency will be considered discharged by our practice.

**We accept cash, check, major credit cards, Care Credit and FSA cards. We will charge a \$25 fee for returned checks.**

**I acknowledge I have read and understand this financial policy. I authorize ACFPS to accept assignment of claims submitted to my insurance carrier. Reproduced copies of this authorization will be as valid as the original.**

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date