

MARK D. EPSTEIN, M.D., F.A.C.S.

Payment for services

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Visa, or MasterCard. We will be happy to assist you in the processing of your insurance claim form. Any such request must be accompanied by a completed insurance form.

Returned checks and balances old than 30 days will be subject to additional collection fees. Charges may also be made for broken appointments and appointments canceled without 24 hours advance notice. All legal fees associated with a delinquent account are the responsibility of the patient, parent, or guardian.

You must realize, however, that:

1. Your insurance is a contract between you, your insurance company, and/or employer. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies and, therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50 percent or 80 percent) of the usual, customary, and reasonable fees as determined by most companies. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are covered benefit of all contracts. Some insurance companies arbitrarily select certain services that they will not cover. Cosmetic procedures are usually not a covered expense.
4. If you are insured with a company that we currently participate with, please have your insurance ID card available for our information. Should this 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.

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 from the date the services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I have read and understand all of the information contained in the Payment for services form. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account. I will notify any changes in my health insurance status.

Signature (Financially responsible party):

Date

Signature (Financially responsible party):

Patient name (if different from above):