

San Juan Plastic Surgery

Todd Williams, MD
2300 E. 30th Street,
Building B, Suite 103
Farmington, NM 87401

Financial Policy

Payment for services rendered is due in full at the time service is provided.

We bill most insurance carriers for you if you provide us with the proper information. Co-payments, co-insurance, and deductibles **are due at the time of service. Co-payments are the patients responsibility even if the patient has secondary coverage. Typically we do not bill secondary insurances for copays due to additional financial expense to the practice.** Your agreement with your insurance is a private one. If your insurance carrier has not paid us within 45 days of billing, the fees are due and payable in full from you. If you belong to a managed care plan, HMO, or PPO, and have not been referred by your primary care provider (PCP), you may have reduced benefits or no benefits at our facility. It is your responsibility to obtain any required referrals. We do not participate with Tri-Care, Tri-West, SCI groups, or Medicare. We do not accept assignment from Medicare but will bill your Medicare claim for you.

If your condition is work related, we will, after verification, bill your worker's compensation carrier for the treatment provided to you. It is your responsibility to provide us the correct billing information. If the information is not provided or if the claim is denied, you will be responsible for payment of service.

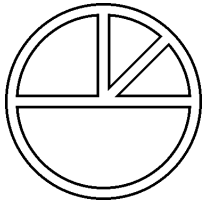
If you are involved with a personal liability situation (third party auto accident, personal injury, ect. or have retained the services of an attorney, you will be responsible for your bill at the time of service. We will file insurance claims for you, but the insurance will pay you directly for those services. We will accept a "letter of protection" from your attorney, but you will be required to make reasonable payments until your claim has settled.

****Any additional paperwork requested by the patient for concerning disability claims or work related issues, there will be an additional fee of at least \$25.00 per requested form.****

We accept cash, checks, MasterCard, and Visa. We recognize the unique and unanticipated nature of medical expenses and make available a flexible payment arrangement to assist special patient needs. Our accounts Management Representative can assist you with these payment options.

You may be contacted by a letter or by telephone if your account becomes past due. If you fail to respond to our requests for payment, your account may be referred to an outside collection organization. If that occurs, you may incur additional costs and you may be reported to a national credit-reporting agency.

Some services such as specialist consultations, pathology, laboratory, interpretation of radiological studies, anesthesia, and hospital or surgery center operating room charges will result in billings from those specialists in addition to the bill from this office.



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I have read, understood, and agree to this financial policy. I understand that I am ultimately responsible for my bill.

Signature of Patient/Responsible Party

Date

Printed Name