Oculofacial Aesthetics, PLC
5335 Eastern Ave, Ste C
Davenport, Iowa 52807-2788

OCULOFACIAL AESTHETICS

Statement of Patient Financial Responsibility

We are glad you have chosen Oculofacial Aesthetics, PLC as a partner in your health care. We want to share our financial policy with you, because it outlines both patient financial responsibilities, as well as our office's financial responsibilities. We hope our policy helps avoid any misunderstanding or disagreements concerning payment for professional services.

- We require your copayment at the time of service. You are financially responsible for any amounts not covered by your insurer. You are responsible to pay any deductible, copayment or any portion of the charges specified in your contract with your insurance carrier. If your insurer denies any part of your claim, you are responsible for your balance, in full.
- We participate with numerous insurance companies. For patients who are beneficiaries of one of these insurance companies, our office will submit a claim for services rendered. All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office.
- If a patient has insurance in which we do not participate, we are happy to file the claim upon request; however, payment in full is expected at the time of service.
- It is the patient's responsibility to ensure any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled or the patient may be financially responsible due to lack of the referral.
- It is the patient's responsibility to provide us with current insurance information and bring their insurance card to each visit.
- We are happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the payer might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department. (Telephone number is printed on the insurance card.)

We firmly believe a good physician-patient relationship is based on understanding and good communication. Questions about financial arrangements should be directed to the medical practice. We are here to help.

I have read the above policy regarding my financial responsibility to Oculofacial Aesthetics, PLC for providing medical services to me or the above named patient. I certify the information is, to the best of my knowledge, true and accurate. I authorize my insurer to pay any benefits directly to Oculofacial Aesthetics, PLC, the full and entire amount of bill incurred by me or the above named patient; or, if applicable any amount due after payment has been made by my insurance carrier.

Guarantor name (Please Print)	Guarantor signature	Date