



for Facial Plastic Surgery

Assignment of Benefits and Financial Policy Agreement

The Choe Center for Facial Plastic Surgery (FPS) is very pleased to have you as a patient. To enable us to keep our fees down, and pay our own bills in a timely fashion, we do require that our patients agree to the following policies, as a condition of receiving services:

As long as you provide us with your insurance documentation on the date of your visit, The Choe Center FPS will file your insurance claim with your primary, secondary and tertiary insurance carriers as a courtesy to you. However, your insurance policy is a contract between you and your insurance company. You acknowledge that you will be responsible for all charges not paid by your insurance company, except as otherwise specified by law. If you have insurance coverage with a company with whom we do not participate, you are responsible for the cost of visit and procedures. We will help you file your claim. You also understand that insurance companies will not pay for any elective procedures.

It is also your responsibility to provide referrals from primary care physicians and other necessary documents, if applicable, no later than the day on which we provide care for you. All payments are due at the time of service for medical services or date of order for optical services. Such payments include but not limited to co-pays, deductibles, charges related to insurance plans with which we do not participate and charges for self-pay balances.

Typically, accounts for medical services for medical services will be turned over for collections if balances continue to be due 90 days following your date of service. However, exceptions (that reduce or extend this 90 day period) may be made when reasonable in our judgment on a case-by-case basis or when dictated by requirements set forth by your insurance carrier. Before turning your account over to collections, we will attempt to contact you. If your account is referred to an attorney or other collections agency, you agree to pay all collections costs including attorney fees of thirty-three and one-third percent (33 1/3%) of the principal amount turned over for collections. In addition, you agree to pay interest at the rate of 7.5 percent per month (9.00% per annum) on all unpaid balances.

You hereby assign to The Choe Center for its services to you any benefits available for such services under insurance policies, workers compensation, governmental agency, disability, or other programs. This assignment of benefits to The Choe Center shall be free of any offset for claims made by you or on your behalf, and may not be revoked with respect to services previously rendered. Similarly, you hereby assign to The Choe Center any proceeds from settlements, judgments or verdicts in your favor from third party liability claims for your injuries treated by The Choe Center. With respect to such third party liability proceeds, The Choe Center will be deemed to have a claim in an amount equal to its normal charges for services rendered, together with attorney fees, costs, and interest, as applicable. The Choe Center will be deemed to have a lien against the proceeds in such amount. Such claim will be free of offset for claim made by you or on your behalf, and may not be revoked with respect to prior services rendered. You agree that The Choe Center will be authorized to receive direct payment of all assigned benefits/proceeds, and that any attorney, insurance carrier or agency handling or disbursing such benefits or proceeds is hereby authorized and directed to withhold and promptly pay over to The Choe Center the lesser of the full amount of its charge or the total proceeds or benefits available, without offset.

To the extent necessary to determine liability for payment and to obtain reimbursement, you agree that The Choe Center may disclose your record to any person, Social Security Administration, insurance or benefit payer.

By signing below, you represent that you have read and fully understand this agreement, and that The Choe Center has made no representations not stated on this financial policy. Photocopies of this agreement will be deemed to be duplicative originals for all purposes.

Signature: _____

Date: _____