

Financial Policy-Christopher Kowalski, M.D.,F.A.C.S.

We are committed to providing you with the best possible care. In order to achieve these goals we need your assistance and your understanding of our payment/insurance policy.

Payment is due at the time of service for all cosmetic procedures or non-covered services. We gladly accept visa, discover, MasterCard, American Express, debit cards, money orders, cash, personal and post dated checks.

There is a \$20.00 fee to complete any medical, Aflac, disability, return to work or any other personal medical forms.

Returned checks are subject to additional collection and bank fees.

We kindly ask that you give us 24 hours notice if you are unable to keep your scheduled appointment. Consecutive missed appointments may result in a \$35.00 "No show/Late Cancellation" Fee.

ALL PROCEDURES & SURGERIES REQUIRE 48 HOURS NOTICE OF CANCELLATION. There is a \$75.00 charge incurred for those procedures cancelled or missed without 48 hours notice.

If you have HMO insurance, and we participate with that insurance, it is your responsibility to obtain a valid referral from your primary care provider. If you do not have a valid referral, you will be responsible for the charges.

It is your responsibility to check with your insurance to confirm if we are participating with your particular plan and about In-Network & Out of Network benefits. If we are not participating or considered Out of Network, you may have limited benefits, higher out of pocket expenses or possibly no coverage at all.

1. **Your insurance is a contract between you, your employer and the insurance company. 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. If your insurance carrier pays a percentage (ie: 50% or 80%) of the allowable or UCR rate then you are held responsible for the balance of that amount.**
3. **If you have a yearly deductible or coinsurance you are also responsible for that amount.**
4. **Co-pays and non-covered items are due at the time of service, no exceptions.**
5. **If we are not a participating provider with your insurance company you are responsible for any amount left unpaid by your insurance carrier.**
6. **Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.**

If you have any questions feel free to contact our office at 215-757-5131

SIGNED _____ DATE _____