

NEW YORK CENTER FOR PLASTIC SURGERY

Robert A. Guida M.D., F.A.C.S.

The following is a statement of our financial policy. We hope this will give you a better understanding of how our billing works. Please provide all insurance information and have your insurance card ready when you give your registration form to the biller.

FULL PAYMENT IS DUE AT THE TIME OF THE SERVICE WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS OR DEBIT CARDS.

Insurance

Dr. Guida is not a participant of any insurance plan, therefore payment is due at the time of service. Upon such payment, we will complete the physician portion of any claim form that you may wish to submit to your insurance carrier for any reimbursement to which you may be entitled. If Dr. Guida has opted to accept assignment on your behalf, there is a chance that your insurer will forward payment directly to you. Should that occur, by signing below, you state your understanding that the check should be signed over and immediately sent to Dr. Guida with all corresponding explanation of insurance benefit forms received. If you fail to submit insurance payment to Dr. Guida, you will be billed that full amount of the bill and payment will be expected within 10 days to avoid collection. Should legal collection action be necessary, any and all reasonable collection and/or attorney's fees, will be added to my account.

Cosmetic Patients

(Full payment is due at the time of service.)

Cosmetic consultations generally are not covered by your insurance. You are required to pay a consultation fee at the time of the visit. If functional surgery is performed at the same time as cosmetic surgery, the functional portion of the surgery will be billed to your insurance company. The cosmetic portion of the surgery is payable to Dr. Guida by the patient prior to the surgery date. Any payment from the insurance company towards the functional surgery in no way changes the negotiated and established fee for the cosmetic surgery.

Ambulatory Surgery

Dr. Guida performs surgery at the Park Avenue Premier, PLLC, Manhattan Eye, Ear and Throat Hospital, and New York Hospital-Cornell Medical Center. You will be given fees and are expected to pay prior to surgery. If you are having functional surgery, an insurance claim will be submitted by Dr. Guida for medical services.

If you have any questions or concerns, please do not hesitate to ask.

I have read and agree to this financial policy.

Signature of patient or responsible party

____/____/____
Date

Financial Policy