VANTAGE
Plastic Surgery

Financial Notification

We are committed to meeting your healthcare needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines.

I agree to furnish with a copy of my current health insurance card(s) I also agree to provide an explanation of benefits and/or claim form(s) from my insurance company, when applicable.

I authorize the release of medical information necessary to process my insurance claim and I assign insurance benefits to for services provided to me by

I understand that co-pays are due at the time of service, as required by my insurance company.

I agree that I will be responsible for balances applied to my account that are not covered by my health insurance plan.

In the event my account is turned over to an outside collection agency, I agree that I will be responsible for a fee of $50 by as well as any and all attorney fees, court costs, etc.

I understand that my account will be charged $40 when a check I presented for payment is returned and marked "non-sufficient funds" (NSF). Returned checks over $500 will be assessed a fee of 5% of the amount of the check.

I understand that will bill my health insurance company and will refund any overpayment on my account to the appropriate party (i.e., insurance company, patient).

I understand that allows 30 days for the processing of my claim by the insurance company. In the event the practice does not receive reimbursement within 45 days, they will contact my insurance company regarding the claim; I will be notified if they do not receive a response.

I will notify an Insurance Specialist at the practice if I am aware of a payment delay by my insurance company. It is my understanding the Insurance Specialists at the practice will provide me with assistance in resolving the claim.

Any co-insurance, deductible, out of pocket and co-pay amounts will be my responsibility. Any balance left after your insurance has paid must be remitted within 30 days or each month an interest charge will be applied to your account of $10 or 10% whichever is greater. In the event I am unable to pay my responsibility in full, I will contact the Insurance Specialist to discuss financial arrangements.

I have read, understand, and agree to the insurance assignment and financial policies stated above. I also agree that I have had the opportunity to discuss any questions or concerns regarding the above with the Insurance Specialists at the practice.

791 Park Avenue, Suite 1B, New York, NY 10021
Tel: 212.951.1877 ~ Fax: 212-920-0877

If you plan to pay privately for your services, please be advised that it is the policy of practice to collect payment in full at the time of service. If you are unable to make payment in full at the time of service, your appointment will be rescheduled to a more convenient time.

Motor Vehicle Accidents (MVA)/Third Party Liability: We will require all claim detail (claim#, contact info, billing address) at the time of your appointment; otherwise, we will require payment in full for services rendered for each patient being treated for a MVA/other accident-related injury. We will file claim(s) with the motor vehicle or third-party insurance company that you designate, provided we receive all necessary information with which to bill. If the claims are denied, or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full. We will bill your private health for balance left after your personal injury protection (PIP) exhausted.

Form Fees: Forms and letters requested by our patients will be assessed a fee as listed below. This list is not meant to be all inclusive but is merely representative of the items that may incur a charge. This fee covers our administrative expenses related to physician/staff time, photocopying, mailing, etc.
- Work Excuses - $15 each
- Disability forms - $20 each
- Letters of Medical Necessity $30 each
- Family Medical Leave Act Forms $15 one page, $25 two pages, $35 three pages, $50 4+ pages
- Medical Records -1-35 pages = $0.75 per page; more than 35 pages = $.20 plus postage

Indeterminate coverage procedures or procedures in which a predetermination is not possible will be reviewed prior to surgery. The patient will be required to sign an appropriate ABN.

It is fraud to bill for services that are cosmetic in nature. will not support or reimburse for services considered cosmetic preoperatively and subsequently submitted by the patient to their insurance carrier. Any undetermined coverage will be discussed prior to the procedure by your provider or his/her representative. The charges will be submitted directly to the insurance company, not by the patient. Clarification received in writing prior to the procedure is possible. The cosmetic price quote is considered a contract of what services are cosmetic.

I acknowledge that I have received a copy of this financial policy. I agree to read this document and comply with the terms set forth for services rendered by VPS Medical (Vantage Plastic Surgery)

Signature _____ Date 11/7/23

NONNA UGORETS
Printed Name

VPS Representative Signature _____ Date 11/7/23

B. Franco
Printed Name

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