

INSURANCE AND BILLING INFORMATION

Accurate and complete information will ensure insurance processing.

As a service to our patients, we will file insurance claims directly with your insurance company if provided with complete and accurate insurance information. Please understand that insurance coverage is an agreement between you and your insurance company to pay certain amounts for medical care. Our bill for services is an agreement between you and us.

MEDICARE NO. _____ MEDICAID NO. (Title XIX) _____

INSURANCE COMPANY NO. 1 _____ PHONE (____) _____

INSURANCE COMPANY ADDRESS (If no card.) _____

POLICY NUMBER _____ POLICYHOLDER SOC. SEC. # _____

POLICYHOLDER NAME _____ POLICYHOLDER DATE OF BIRTH _____

POLICYHOLDER EMPLOYER _____

EMPLOYER ADDRESS _____

INSURANCE COMPANY NO. 2 _____ PHONE (____) _____

INSURANCE COMPANY ADDRESS (If no card.) _____

POLICY NUMBER _____ POLICYHOLDER SOC. SEC. # _____

POLICYHOLDER NAME _____ POLICYHOLDER DATE OF BIRTH _____

POLICYHOLDER EMPLOYER _____

EMPLOYER ADDRESS _____

I hereby authorize PLASTIC SURGERY ASSOCIATES OF SOUTH DAKOTA, LTD. to release any medical information necessary to process the claim, & authorize payment of medical benefits including MEDICARE and MEDIGAP, directly to Plastic Surgery Assoc. of SD, Ltd.

X

Signature

WORKMAN'S COMPENSATION CLAIMS ONLY: (Complete in full)

Were you hurt on the job? _____ Date of injury _____

Last day worked _____ Employer at time of accident _____

Employer's Address _____ Phone No. _____

FINANCIAL POLICY

- (1) All unpaid balances are due and payable within 30 days of the date in which professional services are rendered. A 1¹/₂% per month (18% per annum) finance charge will be imposed upon all balances 60 days past due.
- (2) It is the policy of Plastic Surgery Assoc. of S.D., Ltd. that any professional services rendered for cosmetic purposes only be paid in advance of said services.
- (3) Plastic Surgery Assoc. of S.D., Ltd. expressly reserves the right to use any and all methods authorized by South Dakota law to collect on accounts past due.

I have read the foregoing financial policy and declare that I understand its contents.

X

Signature