INSURANCE COVERAGE

Your insurance policy is an agreement between you and your insurance company. Coverage for services and levels of payment by your insurance company depend on the terms of the contract between you and your insurance company. These benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan.

Our office staff will assist you with determining the projected insurance payment and the required co-payment prior to surgery. It is important to Dr. Bajaj and our team that you are informed about the potential costs before surgery. Ultimately you are responsible for the full payment of your account – please discuss all arrangements regarding payment of your account with our team.

**PROVIDERS**

We are in network with select plans from BCBS, Aetna, Healthchoice, and Global at this time.

**CONSULTATION**

Prior to your appointment we do require you to submit documentation of treatments and physician notes regarding your condition and potential for medical necessity.

Please bring your insurance card and photo ID with you to your initial consultation. If you are eligible for coverage under another plan, bring this insurance card with you as well.

After you and Dr. Bajaj have discussed the specifics of your care and proposed surgical plan, we will assist you in determining if your care is indeed covered by your insurance plan. A pre-authorization letter with photographs will be sent to your insurance carrier. Your insurance company has 30 business days to respond to this request for authorization.

**SCHEDULING**

Scheduling can be a process. We must obtain approval from your insurance company prior to scheduling your date of surgery. Your insurance company will review your case to ensure that the procedure is medically necessary based on the insurance carrier’s guidelines of medical necessity.

After we have obtained approval from your insurance company, determined your out-of-pocket costs, coordinated the operating room, anesthesiology and Dr. Bajaj’s schedules we will be able to schedule your date of surgery. Because of the time involved in managing this process we do require a $75 non-refundable booking fee. We will be unable to hold a date of surgery for you without the required booking fee.

**CANCELLATION POLICY**

We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. The Doctors time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

* If you need to cancel your surgery after you have scheduled it you will forfeit your $75 non-refundable scheduling fee.

**RESCHEDULING POLICY**

Due to the commitment Dr. Bajaj makes to the surgery center when reserving your surgery date, the following policies for rescheduling will apply:

* If you need to reschedule your surgery for any reason prior to your surgery date you may do so without penalty **one** time.
  + If you have rescheduled your surgery one time, you will not be eligible to reschedule again.

**PAYMENT OPTIONS**

* Cash or Check: Personal Check (not accepted if less than 3 weeks from surgery), Cashier’s check or cash
* Credit Cards: Visa, MasterCard, Discover, American Express

**PRE AND POST OPERATIVE VISITS**

We realize that many of you may have to travel from a distance to come and see us. We are also cognizant of the expense and inconvenience of traveling. However, we, at Bajaj Plastic Surgery, believe that any surgical procedure cannot be taken lightly. While we will try our best to minimize your inconvenience and expense, please understand that your health and safety is our primary concern. Every surgery will necessitate one or two pre-operative visits to ensure that all of your questions and concerns are addressed as well as several post-operative visits to ensure that your recovery is progressing as it should be. Some patients may require more frequent visits because of unexpected issues. If you believe that you are unable or unwilling to make these visits, please discuss these concerns with us prior to surgery.

Our office staff is readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

I have discussed the above items with the Scheduling Coordinator and fully understand the financial policies, as well as my financial obligations set forth herein.

**DISCLOSURES**

# For more information regarding the Your Rights and Protections Against Surprise Medical Bills and the No Surprises Act please visit:

<https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>

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| **Patient Signature** | **Date** |