

Patient Agreement

Limitation of Practice: Patient understands that Dr. Sieveking's practice is limited to Plastic & Reconstructive Surgery as well as Cosmetic Laser & Skin Care services.

HIPPA Privacy Policy

All patients have a right to review Notice of Privacy Practices. Any employee can provide you with a copy. If you would like to restrict access or to request modifications be made to your personal health information, please request the required form from a member of our staff. Members of our staff may use telephone or fax to contact your insurance company, physician, or pharmacy to release your personal health information, photos, etc.. as needed for treatment, payment and health operations.

Collection Policy

Cosmetic Fee Services: All cosmetic fees are due **PRIOR** to surgery or at the time cosmetic laser and skin care services are rendered. Care Credit options are available. Payments may be made by cash, check or credit card (Visa, Master Card, or Discover). Deposits due 2 weeks from scheduling a surgery date, which is 20% of the physicians fee and if the patient does not give a 14 day notice of cancellation they will forfeit that deposit amount and all other balances will be refunded.

Insurance claims filing: We are only contracted with Medicare, Humana, And BCBS-Preferred !!!!!

In all cases the patient is responsible for payment of their account. As a courtesy to you, Sieveking Plastic Surgery, LLC will file a claim to the patient's insurance coverage.

Assignment and Release: The patient hereby authorizes and assigns applicable insurance benefits to be paid directly to the physician; Patient is financially responsible for all non- covered services and all OUT OF NETWORK SERVICES NOT COVERED.

Medicare: Patient request payment be made to Sieveking Plastic Surgery, LLC. And authorizes any holder of health information about the patient to be released to the Health Care Financing Administration (MEDICARE) or it's agents any information needed to determine these benefits payable for related services. This form is not to be used by the patient for Medicare reimbursement.

Managed Care Plans : BCBS Preferred and Humana are the only two insurance plans we are contracted with and Co- Payments are due at the time services are rendered. All other insurance plans can be filed as a courtesy if you have out of network benefits. However they will not cover services or office visits and that amount will be due at the time of service. **YOUR INSURANCE WILL NOT PAY FOR THIS !!!!!!!**

YOU ARE RESPONSIBLE FOR KNOWLEDGE OF YOUR INSURANCE BENEFITS. You are responsible for all unpaid balances not paid by your insurance company.

CO – PAYMENTS, CO-INSURANCE & DEDUCTIBLES: In all cases the patient is responsible for making all co-payments at the time of service unless otherwise stated by your insurance plan. If payment is not paid at the time of the visit we reserve the right to collect all fee's prior to your next visit can be scheduled.

UNPAID BALANCES: The patient must contact the office 30- days after your insurance statement has been received to pay balances or make payment arrangements. Failure to do so, Sieveking Plastic Surgery, LLC will reserve the right to contact a collections agency for collection of all unpaid balances, all fees accrued for this service will be added to the patients unpaid balance.

PATIENT SIGNATURE : _____ **DATE:** _____