

Financial Policy

It is the policy of Movassaghi Plastic Surgery & Ziba Medical Spa to have a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best medical care and also minimizing administrative costs. This Financial Policy has been established with these objectives in mind, and to avoid any misunderstanding or disagreement concerning payment for professional services.

- **Patients on Contracted Insurance Plans:** New patients will be requested to pay their co-insurance, deductibles and/or co-payments at the time of service. We do require that patients on contracted plans satisfy any co-payments due at each visit.
- **Patients on Non-Contracted Plans:** If a patient has insurance that we do not contract with, our office is happy to file the claim upon request; **however, payment in full is expected at the time of service.**
- Our office participates with numerous insurance companies and managed care programs. For patients that are members of one of these plans, our business office will submit a claim for services rendered.
- All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office. It is the patient's responsibility to provide us with current insurance information and to bring their insurance card to each visit.
- Payment for professional services can be made with cash, check or credit card.
- If you are unable to pay for the necessary medical care, you may be eligible for our payment plan agreement. It is your responsibility to inform us prior to the visit.
- It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled, or the patient may be asked to sign a disclaimer indicating you will be financially responsible due to lack of the referral.
- Our staff is happy to help with insurance questions relating to how a claim is filed, or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department (number is on the insurance card).
- The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-emergent treatment will be denied unless charges have been pre-authorized or payment by credit card, cash or check at the time of service has been verified.
- **Movassaghi Plastic Surgery & Ziba Medical Spa. will charge \$100.00 on accounts assigned to a collection agency.**
- **Movassaghi Plastic Surgery & Ziba Medical Spa charge \$50.00 for all checks returned on closed accounts or accounts with insufficient funds.**
- For all unpaid balances over 90 days, SPSC will apply **FINANCE CHARGES** at 1.5% per month (which equates to a 19.5% **ANNUAL PERCENTAGE RATE**). Unpaid balances are determined at the closing of your most recent account statement. All monies credited to your account prior to and including the statement closing date shall reduce your unpaid balance accordingly. The figure remaining after crediting all account payments is your unpaid balance, and finance charges shall be assessed against that figure as provided in this policy.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to the business office and not to the physician. We are here to help you. Please sign that you have read and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date

Movassghi Plastic Surgery & Ziba Medical Spa.

BILLING RIGHTS SUMMARY

Questions About Your Bill

If you need more information about a transaction on your bill, write to us at 330 S Garden Way, Suite 100, Eugene, OR 97401. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, please give us the following information:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address.

Non-Sufficient Funds Payments

A service charge of \$50.00 will be assessed for all checks returned by your bank for non-sufficient funds or written on a closed account.

Refund Statement

Credit balances less than \$10.00 will be refunded by request only.

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Pre-Collection of Consultation Fee

A \$60 consultation fee will be charged to your credit card at the time you schedule your appointment. The consultation fee is non-refundable, if your appointment is cancelled **less than 24 hours** prior to your appointment..

Signature of Patient or Responsible Party

Date