

Patient Information as of _____ (enter today's date)

FINANCIAL POLICY

Thank you for choosing Ralph M. Rosato, MD as your plastic surgeon . Dr. Rosato and his staff are committed to providing the utmost in quality care to his patients. We realize you are here because of his specialized training, treatment and expertise in plastic and reconstructive surgery.

In an effort to keep the cost of your care to a minimum, a payment is requested at the time of your visit.

We DO accept Medicare assignment and WILL file as a courtesy to your secondary insurance.

If your secondary insurance does not pay us within 60 days of your visit, it is your responsibility to make a payment to Dr. Rosato.

Our billing coordinator is available to provide you with information you need to discuss your coverage.

If services are required beyond your initial consultation appointment we will provide you with an estimate of our costs.

You are responsible for payment regardless of the insurance company s determination of fees.

Some medical services provided at this office may be considered non-covered services and may not be considered reasonable/necessary under your medical insurance.

Our office welcomes Visa, Mastercard, Discover, Personal check, Money order, and cash for payment of services rendered.

We thank you for understanding our financial policy and welcome you to ask our billing coordinator any questions you may have regarding our policy.

I have read this financial policy and fully understand and agree to the terms of payment.

Printed Name of Patient or Responsible Party

Patient/Responsible Party Signature