



**ASSOCIATES IN PLASTIC SURGERY / CUMBERLAND SURGERY CENTER
PAYMENT POLICY FOR SERVICES NOT COVERED BY INSURANCE OR MANAGED CARE PLANS**

We ask you to note that the patient/guarantor is responsible for payment for all services provided by our physicians or staff which are not covered by your insurance.

In the event your specific insurance or managed care plan denies payment for any of the following reasons for any service you have authorized or requested, the balance of our charges will be due from the patient/guarantor:

1. Procedures are cosmetic in nature.
2. Procedures are deemed medically unnecessary.
3. Required referrals, pre-approvals, or pre-certifications were not obtained or provided.
4. Benefits are not due under the plan of coverage of the participant or beneficiary.
5. Our surgeons or Cumberland surgical facility are not covered providers for your insurance plan.

We reserve the right to ask for payment in advance for any such "non-covered services", or to ask for payment in full at a later date should the "non-covered services" be determined after services have been provided.

I acknowledge that I have received written notice that I am fully responsible for non-covered services, and I agree to be responsible for full payment.

Signature: _____ Date: _____

FOR SCHEDULED SURGERIES (to be completed by surgery counselor)

We believe that your insurance company or managed care plan could deny payment for the service(s) listed below for the reasons we have noted.

REASON(S):

_____ Required referrals, pre-approvals, or pre-certifications were not obtained or provided.

_____ Procedure frequently deemed cosmetic.

_____ Medical necessity may be questioned.

_____ Procedure contractually excluded.

_____ Cumberland is not a covered provider for your insurance company.

_____ Other: _____

Signature: _____ Date: _____

Witness: _____ Date: _____