



Patient Financial Agreement

Facial Plastic Surgicenter, LLC, dba Aesthetic Center at Woodholme as well as Drs. Papel and Kontis P.A., charges 12% interest on all accounts past 30 days.

Should I default on payment, I agree to pay all cost of collections, including collection agency fees, court costs, and any reasonable attorney fees up to 35% of the outstanding balance.

I authorize Facial Plastic Surgicenter, LLC, dba Aesthetic Center at Woodholme and Drs. Papel and Kontis P.A., to apply for benefits on my behalf for services rendered, and request that payment from my insurance company be made directed to Facial Plastic Surgicenter, LLC, dba Aesthetic Center at Woodholme or Drs. Papel and Kontis P.A.

Patient Financial Policies

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies. Many of our patients have health insurance or other medical benefits that are provided through a private insurance company or other program.

If you do not have any medical benefits... Full payment is due at the time we provide services unless we have agreed to different arrangements in advance and in writing.

If you have medical benefits, but your health plan determines a service we provide is "not covered" by your benefits... You will be responsible for the full cost of the service. If your health plan pays part of the cost, we may require you to pay the balance or any co-pays that are due. Payment will be due upon the receipt of our bill.

Please note that we reserve the right to...

- Require patients to pay a non-refundable deposit at the time of scheduling certain procedures.
- Require patients to pay a rescheduling fee for any procedure cancelled/rescheduled less than 3 weeks from the procedure date—insurance or cosmetic, local anesthesia or general anesthesia.
- Submit any patient account with a balance older than 30 days to a collection agency, and to require the patient pay all legal fees and collection costs we incur.
- Charge a fee of \$50.00 for each returned check.
- Charge a fee for services that do not directly involve patient care, such as preparing workers compensation forms, disability forms, and other written correspondence for patients.
- Charge a fee for a missed appointment or failure to cancel within 24 hours.
- Amend these policies from time to time.

Patient Acknowledgement

I have read and understand Aesthetic Center at Woodholme's financial policies set forth above, and I agree to be bound by such policies, as they may be amended from time to time.

Patient name (printed) _____

Patient signature _____

Date _____