



John M. Rowley, M.D.
Palo Verde Plastic Surgery

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4545 E Chandler Blvd, Suite 110 ; Phoenix ,AZ 85048

Phone: 480-759-3001 • Fax: 480-759-1341

Financial and Cancellation Policies

Thank you for choosing Palo Verde Plastic Surgery , Dr. John M Rowley. We are committed to building a successful physician-patient relationship. Your clear understanding of our Patient Financial and Cancellation Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc.).

Appointment:

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE : Payment is required at the time services are rendered unless other arrangements are made in advance. This includes applicable coinsurance, copayments, and deductibles for participating insurance companies. We accept cash, check (returned checks will be charged a \$35.00 fee), VISA, MasterCard, Discover, American Express and A bank issued Cashier's Check.

Please Note: Patients with an outstanding balance 60 days or more overdue must make payment arrangements prior to scheduling appointments. We do use a collection agency to pursue past due accounts.

Consultation Fee: There is a \$75 consultation fee for any cosmetic procedure (surgery, Botox, Juvéderm etc.). Insurance based consult that our billed to insurance are subject to your benefits, co-pay, deductible, or co-insurance amount.

Insurance:

We bill participating insurance companies as a courtesy to you. Benefits and eligibility will be confirmed prior to any procedure done by Dr. Rowley. To properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. An estimate will be given to you for the procedure. Because this is an estimation, after your claim is paid by the insurance company, you may receive a refund or a bill from us. You are expected to pay your deductible, copayments, and coinsurance. Although requirement for prior authorization will be verified prior to any procedure, please be aware that some services provided may be non-covered and considered not reasonable and unnecessary under your insurance plan. It is your responsibility to know your coverage. If payment is not received from your insurance company, you may be expected to pay the balance in full. If your insurance requires a referral for you to see a specialist, it is your responsibility to obtain the referral from your primary care physician. Again, it is your responsibility to notify us of any insurance coverage changes.

Missed Appointments/Late Cancellations:

Missed appointments represent a loss to us, to you and to other patients who could have been seen in the time set aside for you. Appointment Reminders will be provided but are not guaranteed , we require a 48 business hours' notice of cancellation. Failure to adhere to our policy will result in you being charged \$200 fee. Failure to pay cancellation/no show fees may result in denial to schedule an appointment until the amount due is paid in full. Excessive cancellations or missed appointments may result in discharge from the practice.

Lab and Pathology:

You may receive separate billing statements from an outside lab or pathologist for review of skin tissue removed or biopsied during your visit. These providers could have different arrangements with your insurance company that may lead to additional bills. Should you have questions regarding those bills, please contact their office directly.

FLMA/Disability/Time off Forms:

There is a \$45.00 fee for any FMLA/Disability/Time off forms that are requested from our office. A \$25.00 fee will be charged for each additional form. Attorney fees may vary in price per request



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Cosmetic Surgery

As you prepare to have/approach your surgery, you most likely have questions regarding payments for services. It is important to get the information necessary to answer those questions PRIOR to your surgery to avoid any misunderstanding and/ or confusion.

PLEASE NOTE: We will **NOT** submit any claims for a cosmetic procedure on your behalf to any insurance carrier. You are completely responsible for the full amount. Patients will be responsible for necessary charges associated with their service(s) rendered. The fees charged for this service(s) do not include any potential future cost for additional service(s) that is elected to have performed to optimize or complete the patient’s desired outcome. Additional cost may occur should complications develop from the service. Subsequent services that are performed with the intent of revision will also be the patient’s responsibility.

Surgery Payments:

1. We collect a surgery deposit when surgery is scheduled.
2. We do not offer financing or payment plans.
3. The surgery balance will be taken at your pre-op appointment in full for Surgeon fee ,equipment and assist (if needed).
4. The Surgery Center you are scheduled at will collect their fee.
5. Anesthesia group will contact you to collect their fee.
6. Included in your surgical fee is all the pre- and post- operative visits for from the date of surgery.
7. NOT included in the surgical fee : laboratory fees, radiology fees, prescriptions, or other testing procedures
8. Insurance Coverage: Majority of Cosmetic procedure are not covered by insurance plans.

Payment Options:

1. Money order or Cashier’s Check
2. Credit Cards: Visa, Master Card, Discover or American Express
3. Cash

Cancellation/Reschedule Policy:

We understand that a situation could arise which would require you to postpone your surgery. However, please understand that a cancellation/postponement affects many individuals including the healthcare professionals scheduled for your procedure as well as other patients. Therefore, we would ask that as soon as you become aware of the need to cancel/postpone your surgery, you notify our office at once.

Cancel/Reschedule

- **14 business days** prior to your surgery lose your deposit and must put down another deposit to reschedule.
- **7 business days** prior to your surgery lose your deposit and must pay all the Surgeon fee.

Once payment is received, we will provide a new quote and secure your revised surgery date with a fresh deposit.

I have read and fully understand the financial ,cancellation and rescheduling policy outlined above. My signature below signifies that I agree to abide by these terms and accept full financial responsibility as described. I acknowledge that this policy is in place to respect the time and resources of Dr. John M. Rowley and the team at Palo Verde Plastic Surgery.

PATIENT/RESPONISBLE PARTY PRINTED: _____

PATIENT/RESPONISBLE PARTY SIGNATURE: _____

DATE: _____