

Patient Financial Responsibilities Statement

Thank you for choosing Dr. Boll as your health care provider. We are committed to providing you with quality health care. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Insurance

All patients must complete our patient information and insurance form before being seen by the doctor. All co-pays and patient responsible charges are due at time of service. If your insurance applies any of your charge to your annual deductible or coinsurance, that portion is due and payable by the patient upon receipt of your bill. It is the patient's responsibility to know their coverage. We will bill primary and secondary insurance. We do not do third party insurance billing. If your account is not paid in full within 120 days, it will be turned over to a collection agency for further processing. No additional appointments will be made for delinquent accounts until brought current.

Non-covered services: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered medically necessary by your insurance. You are responsible for and will be billed for these services.

Cosmetic

All patients must complete our patient information and health form before seeing the doctor. Consultation fee is \$50 and will be applied to any surgery that is scheduled. A written quote will be given to you on the day of your consultation. This quote will include surgical, anesthesia, and operating room fees. A percentage of the surgical fee will be collected at time of scheduling; this deposit is non-refundable if the surgery is cancelled. If you have questions about this ask a staff member. The balance of the surgical fee is due 2 weeks prior to surgery. We accept cash, check, credit cards, cashier's checks, and Care Credit.

Surgical fees will change periodically. Fee quotes will be honored for 6 months from the date of quote.

Revisionary surgery is not commonly needed, however if you desire a revision, Dr. Boll will discuss this with you. You will be responsible for prevailing fees of the operating room, anesthesia, and the surgeon fees.

Additional out of pocket cost may include preoperative testing, labs, mammograms, chest x-rays and/or medications.

I have read and my signature signifies my understanding and agreement to abide by them.

Signature of patient or responsible party

Date