

Patient Name: _____ Date: _____

M. Scott Haydon, MD, P.A.
FINANCIAL POLICY

Dr. Haydon has a responsibility to provide quality healthcare services to patients. In the interest of maintaining a good doctor-patient relationship and continuing the delivery of quality healthcare, it is our hope that you will take responsibility for your financial obligation to our practice. The following are general policies we have established for our patients, which we believe allow the flexibility that some patients need. We encourage you to discuss your account, and any payment arrangements that you desire, with our office personnel. Discussion of these issues early on in your treatment process will prevent most concerns or misunderstandings.

1. Insurance – As a courtesy to our patients, we will file claims on all visits and procedures, whether they are delivered in our office or the hospital. When we file a claim on your behalf, it is with the understanding that benefits will be assigned to Dr. Haydon (that is, the insurance company will Dr. Haydon directly). You are responsible for payment of all deductibles, co-insurance and non-covered services. Please remember insurance coverage is a contract between the patient and the insurance company. The ultimate responsibility for understanding your insurance benefits and for payment to your doctor rests with you.

2. Referrals – You are required to 1) know whether or not your insurance requires a referral and 2) obtain that referral before you are scheduled to see our physician. Our office will be happy to assist you in determining the status of Dr. Haydon on your insurance plan; however, this is not a guarantee of coverage. You should take the time to call your insurance company to ask specifically about Dr. Haydon and your covered benefits. Referrals typically have an expiration date and a limited number of visits so you should be careful to monitor the dates and visits. Our office will not see a patient who does not have a valid referral.

3. No Insurance – Patients who do not have insurance are expected to pay for all services rendered prior to surgery. We will request all payment for cosmetic procedures in advance of having the procedure performed. We understand that individual situations may make it difficult to meet these financial expectations and are happy to discuss third party financing with you.

4. Returned Checks – Your account will be charged a \$20 fee for each returned check. In addition, you will be asked to bring cash to our office to cover the returned check and the fee.

