

# EASTSIDE SURGICAL ASSOCIATES, PLLC

SAM M. SALAMA, M.D.,F.A.C.S

## FINANCIAL POLICY

The following is our office policy for patients with insurance and those who are private pay without insurance. If you have any questions, please speak to the business office.

- There will be a \$30 fee for not showing up for your scheduled appointment and cancellations that do not give the office 24 hrs notice.
- There will be a \$100 cancellation fee for procedures that do not give 5 business days notice.
- We accept cash, check, Visa or Mastercard.
- Copays are expected upon arrival of your visit.
- Payment will be expected at the time of visit for private pay patients without insurance. As a courtesy to you, we will bill your insurance carrier provided we have all the correct insurance information.
- **Insurance carriers that are out of the country** will not be billed. Payment at the time of service will be expected. We will provide all necessary information for you to submit to your carrier.
- Any disputed claims are between you and your insurance company. If you have a balance due on a disputed claim, payment is expected on your account. We will refund any overpayment.
- Please call the business office to arrange for a payment schedule on large balances. Interest of 1% per month will be charged on all account balances over 90 days.
- Private pay patients that will be scheduling surgery will need to pay 75% of the surgical fee before surgery is scheduled.
- Patients that have insurance that will be scheduling surgery, your insurance carrier will be contacted for insurance confirmation. If you have a surgical deductible, it will be expected to be paid before surgery.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

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