

**OKLAHOMA PLASTIC SURGEONS
PAUL SILVERSTEIN, M.D.
CLINTON B. WEBSTER, M.D.**

MEDICAL INSURANCE POLICY

Oklahoma Plastic Surgeons, Incorporated, is a licensed surgery center designed specifically for out-patient surgery. The facility is approved by Oklahoma and federal regulatory agencies and is approved for surgical facility payment by private insurance groups and Medicare. The facility exists to provide quality medical care and minimize medical costs. Billing by Oklahoma Plastic Surgeons, Incorporated is similar to any hospital, is separate from your doctor's bill, and will be submitted directly to your insurance company by our business office personnel. Many insurance policies will fully cover out-patient facility charges, while some policies will require payment of a deductible and/or co-payment by the insured. Please carefully review the provisions of your insurance policy so you will completely understand your financial obligations.

If any portion of your surgery is billed to your insurance carrier, a fee will be involved for the use of the facility and supplies used during your procedure. Please discuss this prior to your surgery with your doctor's secretary to make sure there are no misunderstandings.

DIAGNOSTIC PATHOLOGY

If your surgery entails the removal of skin or other tissues, we are required to submit these tissues to a laboratory for examination by a pathologist. The laboratory will bill you directly for this service.

FILING of INSURANCE CLAIMS

Our business office can file medical claims for doctor's services and the facility with your insurance company on your behalf. All that is required by you is to notify us that you desire to file a claim with your insurance company and supply us with accurate insurance information. We will also file with a secondary insurance company once your primary insurance company has paid.

Many patients are required to make a pre-payment based upon estimated deductible and/or co-insurance expenses. If the insurance company pays more than anticipated, you will be refunded the amount due. If the pre-payment was not sufficient to pay the amount not covered by your insurance company, you will be responsible for the balance due on the account.

INSURANCE PRE-CERTIFICATION

Your doctor's secretary will assist you with the pre-certification process. We will ask your insurance company for a letter of pre-certification. **You should personally call you insurance company and discuss the requirements for your surgical procedure with a company representative to make sure everything is in order prior to your surgery.**

Pre-certification letters do not constitute a guarantee of payments from your insurance company. If for some or any reason your insurance company does not pay in full for services rendered, the responsibility for payment is ultimately yours. The best way to prevent surprises with your insurance company is to spend time prior to your surgical procedure reading your policy plans and provisions so that you understand exactly what your responsibilities are for pre-certification, deductibles, and co-insurance.

If you have questions concerning the above policies, please do not hesitate to let us know of your concerns and we will be happy to discuss them with you in greater detail. If you have questions regarding billing and the filing of insurance claims in reference to your surgical procedure, please contact our business office at (405) 842-9732 Monday through Thursday 8:00 am to 5:00 pm.

AUTHORIZATION

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health insurance plan to: **Paul Silverstein, M. D.** or **Clinton Webster, M.D.** This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance company. I hereby authorize said to release all information necessary to secure payment for services. Your signature indicates that you have read and understand our policy regarding filing insurance claims and pre-certification, and billing.

Signature _____ Date _____