

Payment and Warranty Policies Acknowledgement Clinic for Anaplastology

Our goal is to provide you with the best quality prosthesis possible. You should be aware of certain limitations to achieving "perfect" results, since making a prosthesis involves recreating living tissue using non-living materials. Having reasonable expectations is important and you should discuss these before any work begins. Once your approvals are given at sculpting and delivery stages, we are not required to remake the prosthesis.

Determination of Your Benefits

Insurance plans vary considerably. To determine the benefits to which you are entitled, we recommend you contact your employer or your insurance company to obtain precise information about your plan's benefits and extent of coverage for facial and somatic prostheses. Some insurance companies will deny or will only cover a portion of prosthetic treatment. We are happy to provide any additional documentation to insurance companies when it is required.

Billing and Payment Policy

Full payment to clinic for prosthetic restoration is required upon delivery of the prosthesis <u>unless otherwise arranged</u>. We accept cash, checks, MasterCard and Visa. We will file an insurance claim on your behalf. When insurance payment is made directly to the policyholder, a personal check should be mailed for the patient's remaining balance to our office. Any overpayment will be refunded to the patient once insurance payment is made.

Managed Care (HMO) Patients

Following proper pre-authorization procedures is very important, otherwise the claim may be denied, making you responsible for the full fee. Please ensure that your primary care physician makes a referral to our office and fills out a Detailed Written Order Form. You must visit the referring physician within six months of delivery of the prosthesis. We can file a pre-authorization request with costs and billing codes, if required.

Medicare Patients

Clinic for Prosthetic Restoration follows Medicare guidelines including but not limited to the requirement that Durable Medical Equipment Suppliers are responsible for submitting claims for Medicare beneficiaries. We are a not a participating provider with Medicare and we file nonassigned claims on your behalf. Therefore, we do not accept Medicare's determination of allowed amounts. You will be responsible for the difference between the billed amount and any payment Medicare or a secondary insurance carrier makes. The products and/or services provided to you by Clinic for Prosthetic Restoration are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). Upon request, we will furnish you a written copy of Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c).

Accounts Submitted to Collection Services

Failure to pay patient invoices may result in having your account submitted to attorneys for recovery of uncollected amounts. If such action occurs, patient will pay all costs incurred, including attorneys or collection agency fees, as well as statutory court costs and fees whether or not a formal judgment is entered against the patient.

Follow-up and Warranty Policy

After delivery, we generally attempt to schedule a follow-up appointment within 2-6 weeks. At times, follow-up is done via a phone call. Reasonable repairs, corrections, or modifications are done at no charge within the 90 days after delivery. Reasonable repairs do not include damage to the prosthesis caused by a person, animal, object, or machine.

Ongoing Service/Repair/Remake Policy

Whenever service is requested (consult, clean, repair, retouch, or remake) outside the scope of the warranty policy, we will bill the patient directly at our service rate (in 1/4 hour increments) or bill the insurance for a prosthesis remake. Some repairs may require the patient to come in for an extrinsic painting/fitting session. It is the patient's responsibility to check in with us whenever service is required.

Protocol for Complaints

The patient has a right to freely voice grievances and recommend changes in care or service without fear of reprisal or unreasonable interruption of services. All complaints will be handled in a professional manner. All complaints will be logged, investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

I have read and understand the above information and agree to the above policies and procedures:

Patient Signature

Print Name

Date