



PATIENT FINANCIAL POLICY

Effective 01/01/13

Thank you for choosing Dr. Soler. We are committed to providing you with quality patient care. Because some of our patients have had questions regarding patient and insurance responsibility for service rendered, we have developed this payment policy. Please read it and sign in the space provided.

Unless other arrangements have been made in advance by either you or your health insurance company, full payment is due at the time of service. For your convenience we accept Cash, Visa, Master Card, Discover, American Express or any bank check card. We DO NOT accept any personal checks.

Your Health Insurance

We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment. If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and submit the claim for you on an assigned basis. You will be responsible for your portion and also any payments your insurance may deny. In the event that your health plan determines a service to be "not covered," YOU will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. We will bill your health plan for all services provided in the office and surgeries performed. Any remaining balance is your responsibility and is due upon receipt of a statement from our billing company.

Botox and Fillers

If the purpose of your visit is for an injectable such as Botox, Restylane, Perlane, Juvederm or any other filler, Dr. Soler will evaluate you first to determine the amount needed to achieve the desired outcome. Payment is required before Dr. Soler administers the injectable/s. For your convenience, we accept Cash, Visa, Master Card, Discover, American Express or any back check card. We DO NOT accept personal checks.

Minor Patients

For all services rendered to minor patients, payments are required prior to be seen by Dr. Soler by either parent, legal guardian or adult accompanying the minor.

I have read and understand the financial policy of Dr. Pedro M. Soler, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

Printed Name of Patient and date of birth

Date

Signature of Patient or Responsible Party if a Minor

Date