



AESTHETIC EYE, PC

Oculofacial Plastic & Reconstructive Surgery

Release of Information/Financial Guarantee:

I give my permission to Aesthetic Eye, PC to bill my insurance company whether the benefits are to come to me or to Aesthetic Eye, PC. It is my understanding that I am eligible for medical benefits through my insurance. However, in the event that my insurance company categorizes services rendered to me as "non-covered" or "not medically necessary", I agree to pay in full for all such charges. I fully understand that it is my responsibility to advise Aesthetic Eye, PC if my insurance requires pre-admission review, pre-admission authorization, or a second opinion, or it contains any special provisions (to include exclusionary rider) which must be satisfied before payment by the insurance company can be made. If I fail to advise Aesthetic Eye, PC of such policy requirements and to comply in good faith, I agree to pay in full for all such charges. If I am a member of a managed care plan, I understand that it is my responsibility to make sure the correct referral is in place from my Primary Care Physician (co-pays will be made at time of service). I understand that I will be financially responsible for any and all charges at the time of service should a referral not be supplied by my Primary Care Physician. The signature below authorizes direct assignment of benefits to Aesthetic Eye, PC.

Please note:

If you need to reschedule or cancel your appointment, we ask that you please give us ample notice so that we may offer the appointment time to another patient.

A cancellation fee of \$50 will be assessed for appointments canceled less than 48 business hours prior to your arrival time.

A fee of \$100 will be assessed for surgeries cancelled 1 week or less prior to your surgery date.

If your insurance requires a referral from your Primary Care Physician, it is the patient's responsibility to request the referral. We must have the referral prior to your appointment.

Please have your Primary Care Physician fax the referral to (208) 939-9396.

(Examples: HMO Plans, Medicaid Healthy Connection Plans, etc.)

The patient is aware of the \$50 cancellation fee for appointments and \$100 cancellation fee for surgeries if Aesthetic Eye, PC is not given the proper notice, or if the patient "No-Shows" for either their appointment or surgery.

Date: ____/____/____

Patient Name