

ROBERT J. SPIES, M.D., P.C.
5410 N. Scottsdale Rd. SUITE C-100
Paradise Valley, ARIZONA 85253
480-890-0600

FINANCIAL POLICY
(Please Read Carefully)

All office visits are on cash basis. Payment is expected *before* services are rendered unless prior financial arrangements have been made. Payment may be in the form of cash, Visa, Mastercard, Discover, American Express and most Debit Cards, upon approval.

AESTHETIC (COSMETIC) SURGERY

Cosmetic procedures are not covered by insurance companies. **All cosmetic surgery fees are due and to be paid in full two (2) weeks prior to the surgical date.** Any late payments require a certified cashier's check or cash only.

A non-refundable \$500 fee is required to schedule a surgical date. Should you find it necessary to cancel 7 to 14 days before your surgical date, we will refund you your payment except \$1000. We will only refund you 50% of your payment if you cancel your surgery less than 7 days before the scheduled date. There is an additional \$500 charge if you change your surgical date less than two weeks before the original date.

RECONSTRUCTIVE SURGERY AND HEALTH INSURANCE

Every attempt will be made to help you so that you are reimbursed by your insurance carrier for surgical fees and any payments that are made for office visits. *However, please remember an insurance contract is made between the patient and the insurance carrier and not with the physician.* The amount paid by the insurance company is specified in your contract and may or may not be the same as the value of the physician's services. The ultimate obligation for payment of the services rests with you, the patient. Even though an insurance claim is filed, you will receive a statement each month if your account has a balance due. This office cannot accept responsibility for collecting your insurance claim or for negotiating a disputed claim. You are totally responsible for payment of you account.

I have read the stated financial policy and agree to abide by the terms as stated above.

DATE: _____

Responsible Party

Witness