



**COASTAL SURGERY SPECIALISTS**  
General, Vascular and Thoracic Surgery

---

**OUR FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered your responsibility. The following is a statement of our Financial Policy which we request you read and sign prior to any treatment. All patients must complete our information and insurance form before seeing the doctor.

**FULL PAYMENT IS DUE AT TIME OF SERVICE.**  
**WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, OR AMERICAN EXPRESS.**

***Regarding Insurance***

We request 100% of your bill to be paid at time of service. If we participate with your insurance company, you will be expected to pay any contracted co-pays, coinsurance, and/or deductibles. Payment for treatment is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. **YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** We are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance will be billed directly to you. Please be aware that some, and perhaps, all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

***Usual and Customary Rates***

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any nonparticipating insurance company's arbitrary determination of usual and customary rates.

***Regarding Ultrasound Appointments***

In order to better serve our patients, we require at least 24 hours advance notice for cancellations of ultrasound appointments. **You will be charged a \$30 cancellation fee for single studies or a \$50 cancellation fee for multiple studies if you are unable to provide proper notice.** Patients who arrive over thirty minutes late to their ultrasound appointment may be asked to reschedule the appointment.

***Minor Patients***

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. It is not our policy to treat unaccompanied minors.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the above Financial Policy and agree to abide by its terms.

\_\_\_\_\_  
Signature of Patient or Responsible Party

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Responsible Party

Date \_\_\_\_\_

\_\_\_\_\_  
Patient's Name if not Responsible Party Above