**Kuy Plastic Surgery**

**Financial Payment Policy**

Thank you for choosing Kuy Plastic Surgery! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Office Manager.

**Payment:**

Payment is expected at the time of treatment performed that day. For your convenience, we accept payment by Cash, Check, VISA, MasterCard, American Express, Discover, Care Credit\* and Alphaeon\*.

*\*Care Credit or Alphaeon – cannot be used to finance packages, discounts or specials offers.*

**Insurance:**

We do not accept any Insurance Plans or Medicaid for treatment or surgery. If a biopsy is taken during treatment or surgery, we will ask for a copy of your insurance card to accompany the biopsy to the medical lab.

**Surgery:**

If Dr. Kuy recommends surgery, your surgery will be scheduled by our Patient Coordinator. She will answer specific questions about the surgery scheduling process, draft up a surgery fee quote, discuss the paperwork and tests involved.

Patients are required to pay a pre-surgical deposit of 10% which secures your surgery date and is applied toward your surgery cost. Final Payment is due 3 weeks prior to surgery.

**What if I missed my appointment to see Dr. Kuy?**

We understand that on rare occasions, issues may arise causing you to miss your appointment without the ability to notify our office prior to your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office to have it rescheduled.

If paying by cash or credit card, please make sure the receptionist provides a receipt. If you do not receive a receipt, please contact the office manager at 513.342.3534.

I authorize Kuy Plastic Surgery to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

You will be asked to Sign an Electronic Consent Form that you have read, understand, and agree to the above Financial Payment Policy.

Thank you