



MEMBER OF THE AMERICAN SOCIETY OF
PLASTIC SURGEONS

RONALD M. FRIEDMAN, M.D., P.A.

Cosmetic and Reconstructive Plastic Surgery · Hand Surgery and Microsurgery

BOARD CERTIFIED, AMERICAN BOARD OF PLASTIC SURGERY



MEMBER OF THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

Financial Policy

1. It is your responsibility to obtain appropriate referrals and authorizations (as required by your insurance company) prior to each visit.
2. Co-payments, co-insurance, and deductibles are due at the time of your visit. Any amount not paid at that time will be billed to you; payment is due within two weeks. Your insurance company will send a copy of the explanation of benefits that details your financial responsibility. This will be considered your first notice of billing.
3. Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims by your insurer. Rejection of all or a portion of your bill by your insurance company does not relieve you of the financial obligation that you have incurred.
4. We reserve the right to charge you (not your insurer) an office fee if you cancel any appointment or procedure without 24 hour notice, or if you no-show for an appointment or procedure.
5. You are responsible for confirming that your insurance policy is current. You are responsible for all billed charges if your insurance coverage is not current.
6. Dr. Friedman uses anesthesiologists for all major surgical procedures. The anesthesiologists are not financially affiliated with Dr. Friedman. They bill separately for their services.
7. You may incur a facility fee (apart from professional fees) for any procedures performed within our office and/or surgery center. This fee covers the costs of supplies and personnel necessary in performing the procedure.
8. We will be happy to file your primary insurance. Filing secondary insurance is your responsibility.
9. There is a \$25.00 fee for all checks returned due to insufficient funds.
10. If you fail to pay the balance due and your account is turned over to a collection agency, you will be responsible not only for the account balance, but also for the collection agency's fees.
11. If Dr. Friedman is seeing you for a cosmetic surgery/ procedure consultation, a consultation fee is due at the time of your visit.

I have read and understand the above financial policy.

Patient Signature

Date

6124 W. Parker Road, Suite 232, Building 3
Plano, Texas 75093

3101 Churchill Dr., Suite 220
Flower Mound, Texas 75022

Tel 469.467.0100 · Fax 469.467.0105
www.plasticsurgerydallas.com