

## GOLD COAST PLASTIC SURGERY, LLC

**Acknowledgement – Notice of Privacy Practices:** I hereby acknowledge receipt of Gold Coast Plastic Surgery, LLC Notice of Privacy Practices which provides detailed information about how the practice may use/disclose my confidential health information. I understand that Gold Coast Plastic Surgery, LLC has reserved the right to change its privacy practices described in the Notice. I also understand that a copy of any Revised Notice will be provided or made available to me.

**Consent for Record Release:** I hereby give my consent to Gold Coast Plastic Surgery, LLC to use or disclose, for the purpose of carrying out treatment, payment, or healthcare operations, all protected health information in my patient record. I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so. I also understand that I will not be able to revoke this consent in cases where Gold Coast Plastic Surgery, LLC has already relied on it to use or disclose my health information. For a more detailed description of this consent and other uses and disclosures please review Notice of Privacy Practices.

**Patient Financial Responsibility:** I acknowledge full financial responsibility for medical or surgical services rendered by Gold Coast Plastic Surgery, LLC. I understand that I am responsible for prompt payment of any portion of the charges not covered by insurance, including deductibles and co-pay. I understand payment of co-pay as well as any prior balance I may owe is expected at the time of service. I also consent that the payment of Authorized Medicare Insurance Benefits be made on my behalf directly to Gold Coast Plastic Surgery, LLC for any services furnished. I agree to all reasonable attorney fees and collections costs in the event of default of payment of my charges. I understand I will receive a statement from Gold Coast Plastic Surgery, LLC indicating what my insurance has paid and the amount of any balance remaining which is due upon receipt. I understand that payment is expected within 30 days of receiving the statement, and that if payment is not received after 120 days, I may be charged an interest rate or the statement may be sent to collections.

**Office and Financial Policies:**

**Credit Card/Checks:** The credit card/check account holder must be present with a state-issued photo id at the time of payment. Payment WILL NOT be accepted if the account holder is not present.

**Cosmetic Consultations:** All new patients will be expected to pay a standard \$175 consultation fee prior to meeting with Dr. Moynihan. If the patient decides to go forward with the procedure, the \$175 fee will be applied to the cost of the procedure.

**Canceled Appointments:** If you are unable to keep your scheduled appointment, please call our office within 24 hours to notify us and reschedule. This will allow us time to use your slot for another patient.

**No Insurance: Payment in full is due at the time of service.**

**Returned Checks:** A \$50.00 charge will be added to your account for any check returned by your bank for any reason.

**Disability or Insurance Forms:** There will be a minimum charge of \$15.00 for the completion of medical forms (charge is based upon the number of pages and the complexity of the information requested). Payment is due prior to the forms being mailed, faxed, or at the time you pick them up. Please allow 7- 10 business days for the completion of these forms.

**Medical Records:** There will be a charge for copying medical records within the Illinois State Statues, **minimum charge is \$23.78**. An invoice of charges will be submitted to you and payment is due prior to the forms being mailed, faxed, or at the time you pick them up. You will need a signed letter of release. Please allow 14 business days for copies to be prepared.

**Print Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Patient or legal guardian

Updated 02-2011