



DEVENIR AESTHETICS POLICIES & CONSENT

THANK YOU FOR CHOOSING US AS YOUR HEALTHCARE PROVIDER

We sincerely hope that your visit will be a pleasant and rewarding experience.

Our doctors and staff members are dedicated to serving your medical needs with the best professional advice, care and treatment obtainable. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment. If you have any financial questions about your visit, please contact our Billing Department as soon as possible, as we may have deadlines to resolve any discrepancies. If you are dissatisfied or simply have positive feedback, it is important for us to be made aware so that we can improve upon our services. Please feel free to call 512.477.3778 or email our Patient Coordinators (info@deveniraesthetics.com).

REVIEW OF NOTICE OF PRIVACY PRACTICES

Our office respects the HIPAA Regulations. We have a copy of the HIPAA Regulations available to you, if you choose to request it.

CONSULTATION FEE & CANCELLATION POLICY

All consultations are \$50 and are redeemable with your next scheduled service with each individual provider. It is the patient's responsibility to call the office to cancel 24 hours before their scheduled appointment. **Devenir Aesthetics reserves the right to charge the patient a \$50.00 fee if the patient does not cancel the appointment 24 hours prior to his/her appointment time.** Additionally, Devenir Aesthetics reserves the right to reschedule appointments to which the patient is more than 15 minutes late.

INSURANCE PLANS AND PAYMENT POLICIES

In order for us to file your insurance we must have a copy of your current insurance card. If you do not have your insurance card, full payment may be due at the time of service. If you have enough information for us to verify your coverage, you may only need to pay your co-pay. You are responsible for all co-pays, cost-shares and deductibles the day of the visit.

** If your visit is strictly cosmetic, your insurance will not be billed and you will be responsible to make full payment at the time of service.

** If you have an insurance plan that was not submitted at time of service, full payment is due. We will gladly give you a claim form at the end of your appointment so that you may file the claim with your insurance company for reimbursement.

** Filing insurance claims is a service we provide free of charge but in no way relieves you from the responsibility of your bill. It is your responsibility to let us know of any insurance changes in a timely manner.

** For private pay patients, full payment is due at the time of service. We accept cash, checks, MasterCard, Visa, Discover, Amex, and CareCredit.

PROOF OF IDENTITY

We are now required to have proof of your identity on file. We require a photo ID, such as a Driver's License. This will be copied into your private medical records for your protection. If you are paying for services in cash, we will not require a copy of photo identification.

PLEASE NOTE

We file claims to many different insurance companies, and it is virtually impossible for us to know all the many specific details of your policy. **Please be aware that some, and perhaps all, of the services provided may be considered by your insurance company to be non-covered services and/or might be subject to a deductible in addition to your co-pay.** You have the right to refuse any services rendered to you if you think they are non-covered services or not payable by your insurance company. We will not become involved in disputes between you and your insurance company regarding non-covered charges, diagnoses, co-pays, cost-shares or deductibles. Please refrain from asking our office to change a diagnosis or procedure code in order for the visit to be covered by your insurance company.

PLEASE NOTE THAT CHILDREN ARE NOT ALLOWED IN THE PROCEDURE ROOMS NOR LEFT UNATTENDED IN THE WAITING AREA.

MANAGED CARE PLANS OR HEALTH SELECT

It is your responsibility to obtain any and all necessary referrals to our office including referrals for follow up visits. We will strive to keep you informed on how many visits you have left on a referral and/or the expiration date. Ultimately, it is your responsibility to know this information and to make the necessary arrangements through your PCP.

MEDICAL RECORDS

If at any time, you should need copies of your complete medical records, there is a \$25.00 processing fee. We require a written release to be signed and dated due to the HIPPA laws. There may be a high volume of requests ahead of yours, requiring anywhere from ten to fifteen days to complete your request so please try to plan ahead. If one of your other physicians needs only current notes, pathology or lab reports, their office can request these specific items be faxed to them directly free of charge.

RETURNED CHECKS

Checks returned for non-sufficient funds will be charged a fee of \$25.00. We do not re-deposit an NSF check a second time. Balances must be handled by cash, credit card or money order.

PAST DUE ACCOUNTS

All outstanding accounts with NO PAYMENT ACTIVITY for 120 days are turned over to an outside collection agency and will be assessed an additional charge of \$25.00. Please let us know today if you have any questions or concerns.

CONSENT AND RELEASE FOR USE OF PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEOTAPES

I hereby understand that documentation is an essential aspect to my treatment at Devenir Aesthetics. The physicians and providers utilize the images to assess the best treatment protocol for the patient. Photographs become a part of the medical record in the patients chart and will be handled in accordance with HIPPA regulations. If I do not consent to documentation, then I waive my right to treatment.

AGREEMENT CONCERNING ELECTRONIC IMAGING

In the course of consultation, I may have been shown or may be shown pictures on an electronic imaging device. I understand that those pictures and alterations of those pictures are solely for the purposes of illustration and discussion. I understand that the outcome of the procedure is directly related to individual characteristics. I understand that because of the significant differences in how living tissue reacts to surgery, there may be no relationship between the electronic images and final surgical results.

I understand and agree to these policies and consents. I have read this document and agree that a photocopy of it shall be considered as effective and valid as the original. Regardless of what insurance coverage I have, I am ultimately responsible for the timely payment of my account and I hereby authorize the payment of insurance benefits to be made directly to Devenir Aesthetics.

PRINT Patient Name

Patient Signature

PRINT Responsible Party *if different than patient*

Responsible Party Signature *if different than patient*