

ALBEAR PLASTIC SURGERY
Paul R. Albear, MD FACS
COSMETIC, RECONSTRUCTIVE & HAND SURGERY
DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

Dear _____

Your appointment is scheduled for _____

Please complete the enclosed forms and bring them with you to your appointment. If you lose or forget to bring the forms, please arrive 20-minutes prior to your appointment to complete the paperwork.

There are a few things you need to know:

1. Please, bring the following items to your appointment:
 - a.) **ALL** insurance cards. If you are seeing the doctor as a result of an auto accident, we will also need your claim number, claim address and the PIP adjustor's name;
 - b.) A valid picture identification (like your driver's license);
 - c.) A referral or authorization (if required by your insurance company);
 - d.) Any and all medical records, pathology reports and x-rays pertinent to the appointment;
 - e.) A form of payment for your office visit copayment and or coinsurance amount that you are responsible for as per your insurance policy (see item #3 for acceptable forms of payment).

2. If your insurance company **requires a referral or authorization to see a specialist, it is YOUR responsibility to ensure that an authorization has been obtained. Please bring a copy with you to your appointment or you may fax it to us in advance.** If your Primary Care Physician tells you your referral is "online" at the insurance company's web site, please call and ask us to verify that your referral has been properly processed. If not, you will need to contact your Primary Care Physician again and have the referral corrected. **Please note: Without the required insurance authorization/referral, your appointment will be rescheduled.**

3. **All copays and coinsurance must be paid at the time of your appointment, prior to seeing the doctor, unless previous arrangements have been made with our office. If you are unable to pay your copay/coinsurance and you have not made previous arrangement with our office, your appointment will need to be rescheduled. For your convenience our office accepts cash, checks, VISA, Mastercard, Discover and Care Credit. Please note: at this time our office does not accept American Express.** Also, please be aware that Dr. Albear is considered a "**Specialist**" by insurance companies and the copay for *Specialists* may be different than that of your Primary Care Physician.

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4. Albear Plastic Surgery will do our best to assure that all patients are seen at their scheduled appointment date and time. However, please understand that certain unforeseen circumstances may occasionally prevent us from keeping your appointment as scheduled and at times, we may need to reschedule your appointment. If this should happen, we will do our best to notify you in advance as much as possible.

In addition, we also understand that certain circumstances may prevent you from keeping to your exact appointment time and we ask that if you will be late to arrive for your appointment, please notify us before arriving late for your appointment as we *may* need to reschedule your appointment. Also, if you must cancel your appointment, please notify us at least 24 hours in advance. **Except under special circumstances, if you do not cancel your appointment at least 24 hours in advance or if you do not show up for your appointment, you may be billed \$25.00 non-cancellation/no show fee.**

5. We know that there are times when you need prescriptions refilled, forms completed, or copies made of your medical record. We hope you understand that patient care is our primary focus and that we are not always able to do these things on short notice. Because of this we would like you to be aware of the following:

- a.) Please give our office a **24 hour advance notice** for all prescription refills.
- b.) Please allow **10 working days** for completion of forms or copying of records. Please note that there is a charge for both of these services. Please ask the receptionist what the charge is for the service you are requesting.
- c.) There is a **\$35 fee for FMLA** (Family Medical Leave Act) and any disability paperwork. Please note that once the fee has been paid, we will update the paperwork for the duration of the leave at no further cost. Also, please **allow 10 working days** for the completion of the paperwork.

6. A copy of our ***Notice of Privacy Practices*** is always available for your review at the front of the check-in desk in the reception area of our office. Please take a few minutes to read it and familiarize yourself with it. You may contact us if you would like us to provide you with a copy prior to or your appointment, otherwise a copy will be offered to you at the time of your appointment.

I acknowledge that I have received and understand the information contained in this notice. Additionally, I acknowledge that I have been given the opportunity to view, read and obtain a copy of Albear Plastic Surgery's Notice of Privacy Practices.

Patient Signature or Signature of Legal Guardian

Date

We welcome you to Albear Plastic Surgery and look forward to serving you.