

Andrew Compton MD PC provides nasal and aesthetic care for our patients, in a health care setting that facilitates partnership between patients and their physicians and other health care providers. Our goal is to provide quality care that is respectful and responsive to your preferences, values and needs.

As part of this goal, your doctor and staff will

- Attempt to accommodate an appointment that works with your schedule
- Work with you to improve your health
- Develop a personal action plan with you to address any medical conditions or cosmetic goals you have
- Review your medications at your visit
- Electronically prescribe you medications to ensure they are accurate and available to you promptly
- Inform you of all test results

As a patient of Andrew Compton MD PC, you agree to

- Make sure your doctor knows your entire medical history
- Tell your doctor all the medications you are taking
- Actively participate with your doctor in planning your care
- Adhere to the action plan designed by your doctor
- Know your insurance and what it covers
- Provide the office with feedback on how they can improve
- Keep your scheduled appointments and agree to pay a \$50 charge for all scheduled appointments that you Do Not Show for

Our Office Billing Policy

The intention of this notice is to clarify our office policies and procedures and promote good communication between our patients and our office.

- Insurance copays will be collected on the date of service. For your convenience, the office accepts cash, checks, and credit cards.
- We reserve the right to collect ANY and ALL balances IN FULL on the date of service, prior to being seen
- **We require 24-hour notice for cancelled and/or rescheduled appointments.** The office reserves the right to refuse to reschedule future appointments after several cancelled and/or rescheduled or no-show appointments. We require a credit card to be on-file for your account.

There is a \$75.00 charge for ALL scheduled appointments that you NO CALL / NO SHOW for. The on-file credit card will be charged for \$75.00 the day of your missed appointment.

- Private pay (no-insurance) patients must pay **IN FULL at the time of booking** for cosmetic services or **prior to being seen** for a cosmetic consultation. **If you NO CALL/ NO SHOW for your scheduled cosmetic services, you forfeit the payment rendered.**
- If after 90 days we have not received payment from your insurance company, our office reserves the right to send the entire bill to the patient for payment. It will be your responsibility at that point to contact your insurance company with any questions or concerns regarding your bill.
- Due to many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay on top of these changes, it is not always possible. **It is your responsibility to know the special terms, deductibles, and /or copays of your insurance.** Failure to notify us will result in non-covered expenses which will be your responsibility.
- If your insurance (HMO) requires you to have a written referral, it is the responsibility of the patient to obtain one PRIOR to the appointment. If you do not have the referral, you will need to be rescheduled.
- Please remember your insurance policy is between you and your insurance company, and not with the insurance company and the doctor.
- We kindly request that you pay your balance promptly when you receive your statement in the mail. Any concerns or questions regarding balances should be directed to the office manager or biller immediately
- If I am unable to pay my balance in FULL, I must notify the office manager or biller to set up a payment plan to address the outstanding balance
- I understand the billing procedures associated with this office and completely understand additional charges will be incurred if I fail to comply. I agree to pay ANY balances in FULL as set forth by my insurance company and/or set forth by this office.

Patient Name: _____

Signature: _____

Date: _____