

Oslin Plastic Surgery. PLLC

Patient Agreement

Limitation of Practice: Patient understands that Dr. Oslin's practice is limited to Plastic and Reconstructive Surgery.

Patient Consent: Patient hereby gives consent, if needed, for drawing blood samples for diagnosis or in case of accidental puncture or exposure to medical personnel during my course of treatment either in the offices or in the hospital. These tests may include AIDS testing.

Privacy Policy

All patients have a right to review our Notice of Privacy Practices. Any employee of the practice can provide you a copy of the Notice of Privacy Practices. If you would like to restrict access or request modifications be made to your Personal Health Information, please request the required form from a member of our staff.

Collection Policy

Insurance Claims Filing

In all cases, the patient is responsible for payment of their account. As a courtesy, Oslin Plastic Surgery, P.L.L.C. will file a claim to the patient's insurance coverage.

Assignment and Release: Patient hereby authorizes and assigns applicable insurance benefits to be paid directly to the physician; Patient is financially responsible for non-covered services. Patient authorizes release of information necessary to process insurance claims. Patient authorizes photographs to be restricted for medical, education or insurance purposes and information released to other practitioners in good faith effort for my medical care.

Medicare: Patient requests that payment of authorized Medicare benefits be made either to the patient or on the patient's behalf to Oslin Plastic Surgery, P.L.L.C. and their associates for any services furnished the patient by that physician. Patient authorizes any holder of medical information about the patient to release to the Health Care Financing Administration (Medicare) or its agents any information needed to determine these benefits payable for related services. This form is not to be used by the patient for Medicare reimbursement.

Managed Care Plans and Referrals

Managed care plans (e.g. HMO's) require specialist and sub-specialists to obtain a referral number before the physician can see a patient. The patient is responsible for obtaining a referral number, not this office. Failure to have a referral number prior to service will result in reduced benefits by the managed care plan. Therefore, the patient is responsible for any balance not paid by the coverage plan.

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Co-Payments

In all cases, the patient is responsible for making co-payments at the time of the patient visit in the form of cash or check. If a co-payment is not made at the time of the patients visit, Oslin Plastic Surgery, P.L.L.C. reserves the right to require co-payment to be made prior to all future patient visits.

Maximum 30-Day Period for Unpaid Balances

Patient Balances are due 30 days after insurance coverage payment has been made. In the alternative, the patient must make acceptable payment arrangements by contacting the Billing Department at Oslin Plastic Surgery, P.L.L.C. Balances may be paid via cash, check, Visa, or MasterCard.

Unpaid Balances

If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Office Manager at Oslin Plastic Surgery, P.L.L.C. to make acceptable arrangements. Oslin Plastic Surgery, P.L.L.C. reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including collection agency contingency fees and court costs, will be added to the patient's account balance. After accounts are place with collection agencies, all patient visits and procedures will be on a cash only basis.

Service Charge

Oslin Plastic Surgery, P.L.L.C. reserves the right to assess a service charge, not to exceed \$20 per month, to a patient account for any unpaid balance over 30 days after the insurance coverage has been paid. No service charges will be assessed to patient account where the patient has made payment arrangements with the Billing Department and payments are being made as agreed.

Provider Signature _____ Date _____

Patient Signature _____ Date _____

**ALL QUESTIONS CONCERNING THESE POLICIES
SHOULD BE DIRECTED TO THE ADMINISTRATOR**

**Oslin Plastic Surgery, P.L.L.C.
4230 Harding Road Suite 101 Nashville, Tennessee 37205**