Patient Financial Responsibility & Office Policy

Introduction

Thank you for choosing our private practice Vega Plastic Surgery for your plastic, reconstructive, and surgical oncology needs. We are committed to providing exceptional care in a compassionate and supportive environment. This policy explains our financial, insurance, scheduling, cancellation, and travel-related responsibilities. Please review the information carefully and sign the acknowledgment confirming that you understand these policies.

1. Financial Responsibility

Self-pay amounts, deductibles, coinsurance, and copayments are expected at the time of service when applicable. If we participate with your insurance plan, we will submit claims on your behalf. After your claim is processed, any amount identified by your insurance carrier as your responsibility will be due from you. Prompt-pay options may be available when payment is made in full at the time services are rendered.

If you have an outstanding balance, payment may be required before follow-up visits or before additional appointments are scheduled. Cosmetic services and procedures require payment in full before the scheduled service or procedure date. If required payment has not been received, the procedure may be cancelled.

2. Insurance Participation

We currently participate with Excellus BCBS, MVP, United Health Care, Medicare, and Cigna (PPO), but participation does not apply to every product line and may change. All other plans are considered out-of-network. Patients are responsible for contacting their insurance company before care to confirm that Vega Plastic Surgery participates with their specific plan and to understand network requirements, deductibles, copayments, coinsurance, and other out-of-pocket responsibilities.

We will submit claims to your insurance company on your behalf when applicable. Our Billing Specialist can assist with questions regarding claims and billing; however, patients remain responsible for understanding their individual insurance benefits and financial responsibility.

Patients must notify our office promptly of any insurance or policy changes. Failure to provide current insurance information or to notify the office of plan-specific requirements may result in higher patient responsibility, including responsibility for the full billed amount when applicable.

3. Services Performed by Third Parties

Certain services ordered or performed as part of your medical care may be provided by entities outside Vega Plastic Surgery, including pathology and cytology laboratories, diagnostic laboratories, imaging facilities, hospitals, anesthesia providers, and other ancillary providers.

Vega Plastic Surgery's participation with your insurance plan does not guarantee that an outside laboratory, pathology provider, imaging facility, hospital, anesthesia provider, or other ancillary provider participates with your specific insurance plan or benefit tier.

Insurance plans may require laboratory, pathology, imaging, or facility services to be performed at designated locations to receive the highest level of coverage. Patients are responsible for understanding these requirements and notifying our office before services are performed when a specific provider or facility is required.

When medically appropriate and operationally feasible, we will make reasonable efforts to accommodate a patient's request for a specific laboratory or ancillary provider when that request is communicated in advance or when the service is ordered. If no specific provider is requested, our providers and staff may

use the laboratories, pathology services, imaging facilities, or other ancillary providers routinely used by the practice.

Vega Plastic Surgery cannot guarantee insurance coverage, network status, benefit tier, or final patient responsibility for services performed by an outside provider. Any difference in coverage, including higher deductibles, copayments, coinsurance, out-of-network benefits, or lower-tier benefits, is the patient's responsibility.

4. Medicare / Advance Beneficiary Notice

If you have Medicare and Medicare does not pay for all or part of a service or procedure, you are responsible for amounts that Medicare does not cover, subject to applicable Medicare requirements and any Advance Beneficiary Notice provided when required.

5. Payment & Credit Card on File

We accept cash, checks with valid identification (not out-of-state checks), Visa, MasterCard, Discover, American Express, and eligible FSA/HSA payments. Financing options are available through CareCredit® and PatientFi.

We may require a credit card to remain securely on file. When applicable, the card may be used for balances that your insurance carrier identifies as your financial responsibility. Payment information is maintained using appropriate security safeguards.

- $20 fee for disability/FMLA form completion.
- $40 fee for returned checks.

6. Missed Appointments, Late Cancellations & Credit Card Charges

Except in the case of an understandable emergency, the practice requires at least 2 business days' notice for office appointments. In-office surgical procedures require at least 4 business days' notice. Without proper notice, the practice reserves the right to charge a non-refundable cancellation or no-show fee of $50 for medical office appointments and $100 for in-office procedure appointments. The credit card on file may be charged.

7. In-Office Procedures

Medically Necessary (Insurance-Based) Procedures

- $150 deposit due at booking.
- Deposit is applied toward the procedure unless the appointment is cancelled under the terms below.
- Cancellation with less than 7 business days' notice or a no-show results in forfeiture of the deposit.

Cosmetic (Self-Pay) Procedures

- $500 deposit due at booking.
- Cancellation with less than 7 business days' notice results in forfeiture of the deposit.

Tattooing Sessions

- $75 deposit due at booking.
- Cancellation with less than 7 business days' notice results in forfeiture of the deposit.

8. Cosmetic Consultation

- A non-refundable $100 consultation fee is due at the time of booking.
- Cancellation with less than 10 business days' notice results in forfeiture of the consultation fee.
- A new $100 consultation fee is collected to reschedule a cancelled consultation.
- After consultation, the patient will receive a written quote with applicable expiration terms.

9. Cosmetic Surgery Patients

Cosmetic surgery is not medically necessary and is not billed to insurance. A $500 deposit is required to book surgery. The remainder of Dr. Vega's professional fee is due in full at the preoperative appointment.

If surgery is cancelled with at least 3 weeks' notice, $250 of the deposit will be refunded. If cancelled with less than 3 weeks' notice, the entire deposit will be forfeited.

If cosmetic surgery is combined with a medically necessary procedure, the medically necessary component may be subject to a copayment, coinsurance, or deductible, which will be collected at the preoperative appointment.

10. Medically Necessary Surgery or Procedures

Surgery or procedures determined to be medically necessary by the applicable insurance plan will be billed to insurance when appropriate. Applicable copayments, coinsurance, and deductibles are due at the scheduled preoperative appointment.

11. Postoperative Care & Surgical Period

Routine postoperative care that is included within the applicable surgical/global period is considered part of the surgery and does not ordinarily result in an additional professional fee. The postoperative period may range from 10 to 90 days, depending on the type of surgery.

Additional charges may apply when services are unrelated to the original surgery, fall outside the applicable postoperative period, involve additional procedures or services, or are provided by outside facilities or providers.

12. Facility, Anesthesia & Other Third-Party Fees

For both cosmetic and medically necessary surgeries, patients may have separate charges from hospitals, ambulatory or surgical facilities, anesthesia providers, radiology, laboratory services, and other third parties. For cosmetic surgery, our office may provide estimates of anticipated outside fees as a courtesy. These estimates are not guarantees. Patients are responsible for paying outside providers directly and for understanding their insurance cost-sharing for services outside Vega Plastic Surgery.

Outside-provider fees may change without notice, and Vega Plastic Surgery does not control the billing practices or final insurance determination of independent facilities and providers.

Patients who prefer a particular laboratory, pathology provider, imaging facility, hospital, or other ancillary provider should let our office know before the service is ordered or performed. These facility preferences are not always known to the treating providers at the time care is provided. When medically appropriate and operationally feasible, we will make reasonable efforts to accommodate your preference. For example, if a specimen is collected in our office and you prefer that it be sent to a specific laboratory or pathology system, such as UR Medicine/URMC OR Rochester Regional Health/RRHS, please notify our office **in advance** so we can make every reasonable effort to accommodate your request.

13. Patients Traveling from Outside the Local Area

Vega Plastic Surgery provides specialized surgical and reconstructive care to patients throughout the region, including patients who choose to travel significant distances for our expertise. **A patient's decision to travel to our practice does not alter our clinical, scheduling, postoperative, or follow-up requirements.**

Patients traveling from outside the Rochester area are responsible for their own transportation, lodging, meals, companion expenses, and other travel-related costs. Travel distance, work obligations, transportation arrangements, or lodging reservations **cannot be used as a basis to rearrange clinic or surgical schedules or modify medical care.**

Depending on the procedure and recovery, patients may be required to remain locally, attend additional postoperative visits, return unexpectedly for evaluation, or receive additional treatment. **Patients are**

responsible for complying with all medically necessary follow-up regardless of the distance traveled and for any associated travel or lodging expenses.

Vega Plastic Surgery does not routinely arrange, provide, or reimburse travel, lodging, meals, or related expenses unless expressly agreed to in writing in advance.

Patients should plan accordingly, avoid inflexible or non-refundable travel arrangements, and discuss anticipated travel needs with the surgical team before surgery. A separate **Breast Reconstruction Travel, Follow-Up & Surgical Care Commitment Agreement** may be required for complex reconstructive procedures.

14. Facility Surgery Cancellation

Surgeries scheduled in a facility that are cancelled with less than 72 hours' notice may be subject to a $500 charge for the loss of operating time, as applicable.

15. Assignment of Benefits

I authorize Vega Plastic Surgery to submit claims to my insurance company or companies on my behalf and authorize my insurance company or companies to make payments directly to Vega Plastic Surgery for covered services rendered during my care.

16. Changes in Insurance Participation

Insurance participation is subject to change. Insurance contracts may be reviewed, renegotiated, amended, terminated, or not renewed based on reimbursement rates, contract terms, administrative requirements, and other considerations affecting the practice.

Vega Plastic Surgery reserves the right, to the extent permitted by applicable law and contractual obligations, to decline participation in, terminate participation with, or modify participation in an insurance plan, network, or specific insurance product.

Participation with an insurance company at the time of one visit or service does not guarantee continued participation for future services. A patient's insurance coverage and the practice's network status may change during treatment.

When reasonably possible, the practice will provide notice of significant changes in insurance participation that may affect patients receiving ongoing care. Patients remain responsible for confirming current benefits and network status before receiving services.

If Vega Plastic Surgery is no longer participating with a patient's insurance plan when services are provided, claims may be processed as out-of-network or according to the patient's individual plan benefits. Patients may be responsible for deductibles, copayments, coinsurance, and other amounts determined by their insurance carrier.

The practice cannot guarantee that an insurance company will continue to offer the same benefits, network status, reimbursement, or coverage for any service.

17. Patient Acknowledgment

My signature confirms that I have read and understand this Patient Financial Responsibility & Office Policy. I understand that I am responsible for amounts identified as my financial responsibility and for the travel-related expenses described above when I travel from outside the local area for care.

Patient/Guardian/Agent Signature

Date:

PRINT NAME

VEGA