

Laurel K. Chandler, M.D.
Plastic and Reconstructive Surgery
777 Post Road, Suite 304
Darien, CT 06820
Phone: 203-423-3132 • Fax: 203-423-0124
www.laurelchandlermd.com

General Agreement and Financial Policy

General Information – I request care from Dr. Laurel Chandler for the treatment of my medical and/or mental health condition, and/or for the routine or intensive care of my child. This care may include medical tests, exams, or treatments that are needed for my (my child's) condition. I agree to this treatment and care.

Consultation Fee – The initial out-of-network or cosmetic consultation fee of \$206 is due at the first visit. This fee is applied to surgeries performed within one year. A second consultation fee of \$103 applies for second or third consultations before surgery is scheduled. After surgery is scheduled, a preop visit free of charge is optional.

Insurance and Payment Information – Dr. Chandler is out-of-network with most commercial insurances. We operate on a concierge model. After your initial consultation, if you decide to proceed with our services we will provide you with additional fee information. After any surgical or office visits with Dr. Chandler, our billing office will submit a claim to your health insurance company which may be subject to deductibles, co-insurance, or additional copays. Please be sure to bring a copy of your most up-to-date insurance card at the time of your visit.

- I agree to let Dr. Chandler and/or her staff submit claims and treatment information to my insurance program for payment and to evaluate the quality of care I receive.
- I agree to have my insurance program make payments directly to Dr. Laurel Chandler
- *****PLEASE NOTE THAT BECAUSE WE ARE OUT-OF-NETWORK WITH BLUE CROSS BLUE SHIELD, THIS INSURANCE COMPANY MAY MAIL YOU A CHECK FOR THE BALANCE OF AN OFFICE VISIT OR CONSULTATION. *****
- **If you receive a check from your insurance company, you MUST forward the amount of the check to our office. We will send you an invoice for the amount due.** This can happen sometimes when the doctor is out-of-network. This is very common with Blue Cross Blue Shield insurance.

___ **(initial here)** I understand that if I receive a check from my insurance company, the entire amount of the check should be cashed and a new check in the same amount should be mailed to Chandler Plastic Surgery, 777 Post Rd. Suite 304, Darien, CT 06820 OR I can elect to call and pay the amount by card or respond to an invoice if one is emailed to me.

- I understand that I must pay all charges, co-payments, and deductibles that are not covered by my insurance program.
- I agree to let Dr. Laurel Chandler and/or her staff share information about my inpatient or outpatient mental health or substance abuse treatment with my insurance program for payment purposes.

Referral Policy – If you have an HMO plan, your health insurance plan typically requires an insurance referral from your primary care physician to see Dr. Chandler, and it is your responsibility to obtain the referral authorization prior to your appointment. We will make every effort to assist you with this matter; however, failure to obtain an insurance referral may result in rescheduling of your appointment. If you wish to keep your appointment but do not have an insurance referral at the time of the visit, we require you to pay the

consultation fee of \$206. Once the insurance referral is valid for your visit, we will issue you a refund of the consult fee minus the difference of your copay.

Quotes and Scheduling Fees for Cosmetic and Out-of-Pocket Cases – A fee quote for procedures will be honored for one year. In order to reserve a cosmetic or out-of-pocket surgical date, a non-refundable scheduling fee of \$515 is required. This fee is for the administrative work that needs to be done in advance of your surgery.

Surgical Fee – The surgical fee covers the operation and pre and postoperative care rendered by Dr. Chandler and her staff. Preoperative testing such as EKGs, mammograms or blood tests are not covered. Pathology reports are also not covered in out of pocket or cosmetic cases but may be covered by your health insurance. If you develop a complication that requires return to the operating room, you may have additional financial responsibilities for anesthesia and facility fees.

Payment of Cosmetic Fees – Payment for surgery is due around 4 weeks prior to surgery. Payment may be made by cash, check, MasterCard, Visa or American Express. If payment is made by credit card and the surgical fee is refunded for any reason the refund will be made by check minus the 3% charge for credit card processing.

Cancellation and Rescheduling Policy – When surgery is cancelled within four weeks of the surgical date there is a \$800 cancellation fee which cannot be applied to future surgery. This applies to all patients.

Surgery to Improve Results – Your surgery will be performed with special attention to get the best result possible. Despite this, some patients want to do more surgery to further improve the result. Examples include more liposuction, surgery to tighten skin, and surgery to improve scars. Such “improvement” surgeries will require additional surgical, facility and anesthesia fees.

Deductibles – If you are having a procedure or a consultation that is covered by insurance you may have a deductible. This is dependent on your insurance policy and may be a significant portion of the fee. This sum will be due prior to the surgery or consultation. If you are having a procedure that has a cosmetic component and an insurance component, your payment of the cosmetic fee does not cover insurance deductibles.

Thank you for your understanding and cooperation. Please let us know if you have any questions or concerns.

I certify that I have read the above policies and fully understand their terms.

Signature

Date Signed