



Dove Street
Surgical Center

Patient Name: _____
MRN: _____
DOB: _____ / _____ / _____

Financial Policy

Thank you for choosing the Dove Street Surgical Center for your care. We are committed to helping you optimize your quality of life through medical treatment and care. Please understand that payment for services rendered are part of your treatment and care. Any balance older than 30 days; any balance after insurance coverage, are the patient's responsibility.

Frequently asked questions

How may I pay?

We accept cash, check, care credit and all major credit cards.

Do I need a physician referral?

No. We are an out of network provider, therefore you do not need a referral.

Which plans do you contract with?

We are not contracted with any insurance carrier. However, if your plan includes out of network benefits, we gladly welcome it.

What are my financial responsibilities for services?

It is your responsibility to verify if you have out of network benefits. Payment of the patient responsibility- deductible, copay, non-covered services- are due at the time of visit.

What if I have not met my deductible?

Payment up front is required for those who have not met, or are not within 10% of meeting their deductible. We will be more than happy to file an insurance claim as a courtesy to you so that everything you pay for will go towards your deductible.

Cash option

More and more we are seeing high deductibles which unfortunately leaves some people without the ability to seek medical care. We offer cash rates [at time of visit] for those who wish to pursue this option. Under the HIPAA (Health Insurance Portability and Accountability Act), patients can request a restriction on a disclosure of PHI (protected health information), to a health plan if they pay out of pocket, in full for the service. We will gladly honor your privacy request. Request must be made in writing prior to treatment.

What if I missed my appointment to see the physician?

We understand that on rare occasions, unforeseen events may arise causing you to miss an appointment. Please call our office to reschedule as soon as possible.

Dr. Zaffarkhan is committed to your health and wellbeing, and has thus has reserved time just for you. Patients that do not provide the office with a minimum 24-hour notice prior to the scheduled appointment, will be subjected to a \$250 Professional fee and a \$500 Facility fee for a missed appointment.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company [of which I am responsible to verify], as well as applicable co-payment, deductibles and any charges older than 30 days from the date of service, are my responsibility.

I authorize Dove Street Surgical Center to release pertinent medical information to my insurance company, and/or the billing company when requested, or to facilitate payment of a claim. I authorize my insurance benefits be paid directly to Dove Street Surgical Center.

Patient's Printed Name

Patient's Signature

Date