

## Financial Policy

Thank you for choosing **Christine Fisher, MD!** We are committed to the success of your medical treatment and care. Please understand that a mutual financial understanding is part of our relationship.

We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact our office at 512-815-0123.

### Payment is Due at the Time of Service

- We accept cash, checks, debit, and credit cards. We are pleased to offer financing through CareCredit.
- All co-payments, deductibles and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment.
- Insurance required co-payments are due when you check in for your appointment. If you arrive without your co-payment, we may ask you to reschedule. We charge an administration fee of \$25.00 for co-payments not paid at the time of check in.
- Patient-responsible balances are due when you check in for your appointment, unless prior arrangements have been made with the billing department.
- In order to secure your cosmetic surgery date, we will collect a deposit of a minimum of \$500.

### Appointment Cancellations and No-Show Policy

- For appointments related to **surgical procedures and non-surgical aesthetic skincare**, we request that at least **48-hour** advance notice be given to the office if you will be unable to keep your scheduled appointment. All cancellations with less than 24 hours' notice and no-shows will be billed \$25.00 per occurrence. Patients will be expected to pay the \$25.00 fee prior to, or at the time of their next appointment. If we need to bill you, the \$20.00 administrative fee will be applied in addition to the cancellation/no-show fee. Patients who repeatedly "no show" for appointments may be discharged from the practice.
- For **areola and permanent makeup tattoo appointments**, we request that at least a **1-week** advance notice be given to the office if you will be unable to keep your scheduled appointment. All cancellations with less than 72 hours' notice and no-shows will be billed \$50.00 per occurrence. Patients will be expected to pay the \$50.00 fee prior to, or at the time of their next appointment. If we need to bill you, the \$20.00 administrative fee will be applied in addition to the cancellation/no-show fee. Patients who repeatedly "no show" for appointments may be discharged from the practice.

### Insurance

- Please bring your insurance card(s) and a valid photo ID with you to each appointment.
- It is your responsibility to notify the practice of changes in your health insurance.

### Reconstructive Revisions

The first revision surgery for patients of Dr. Fisher's is a covered service by insurance. Subsequent revision(s) are considered cosmetic and are an out-of-pocket cost unless discussed prior to surgery with Dr. Christine Fisher.

- Revisions of other providers' patients will be considered on a case-to-case basis.

## Self-Pay Accounts

We designate accounts **Self-Pay** under the following circumstances: (1) patient is covered by an insurance plan that Dr. Fisher does not participate in, (2) patient does not have a current, valid insurance card on file, (3) patient does not have a valid insurance referral on file, (4) patient does not have health insurance coverage, or (5) patient is having an elective procedure.

## Referrals

If you have an HMO plan that we participate in, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled or asked to pay for the visit in advance.

## Financial Assistance

Our Practice treats patients regardless of financial status. Please talk to our staff about your financial plan options with our practice.

## High Deductible Insurance Plans

- If you have a high deductible insurance plan there may be a balance after your procedure. Please discuss this with our care team to get information on payment plan options.

## Billing, Payments and Refunds

- All balances are due in full within 30 days of the statement date. If you cannot pay the balance in full within 30 days, please contact our billing department to see if you qualify for special payment options.
- It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same guarantor or financial responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.

## Questions

Please notify us in writing or by phone if you have questions or concerns.

Christine Fisher, MD  
Austin Plastic & Reconstructive Surgery  
2905 San Gabriel Street Suite 100  
Austin, TX 78705

Phone: (512) 815-0123  
Email: [info@austinaesthetic.com](mailto:info@austinaesthetic.com)