

### Dr. Ali Tehrani

18064 Wika Road, Suite 103, Apple Valley, CA 92307 Phone: (760) 240-2444 · Fax: (760) 240-5554 www.tehraniplasticsurgery.com

# FINANCIAL POLICY

Thank you for choosing Dr. Ali Tehrani as your healthcare provider. In order to establish effective communication, please review our financial policy.

### Office Visit

All deductible payments from insurance and insurance co-payments, as well as charges not covered by your insurance policy, need to be paid at the time of your visit.

## Insurance Coverage

Dr. Ali Tehrani will directly bill your insurance carrier for any surgical fees covered by your insurance. In addition, we will pre-certify all surgeries in advance of the operation. Your insurance policy is a contract between you and your insurance carrier. Deductibles that are due are generally paid in advance of the surgery; however, in the event that the deductible is underdetermined, it will be due within thirty (30) days from the date you are billed. In the event that you are a member of an insurance plan in which Dr. Tehrani is not a participant of, you will be responsible for payment of Dr. Tehrani's services in full. If you would like to apply for reimbursement, the necessary documents will be provided. It is also important that you are aware of the fact that Medicare, HMO's, or other insurance carriers do not cover many of the services provided by Dr. Tehrani. In the event that the procedure, which is recommended to you by Dr. Tehrani is not covered by your insurance carrier, you will be responsible for payment in full.

#### Cosmetic Surgery

Cosmetic surgery is generally not covered by insurance carriers. In order to schedule and secure an operative time, a <u>non-refundable</u> \$500 deposit is required and will be applied toward your surgical fees. The balance and full amount of your fees are due <u>three (3) weeks prior to the date of your scheduled surgery</u>. If you are interested in securing financing for your surgery, our Patient Care Coordinator will be happy to assist you.

#### **Revision Surgery**

In the uncommon circumstance that it is necessary to perform revision of your original surgical procedure, you will be responsible for additional fees including operating room, anesthesia fees and hospital charges. The surgical fees will be a percentage of your original surgical fees.

There is a \$150.00 charge for each form you request the office to complete. This includes forms such as disability or loan forms. We will file initial insurance claims for procedures related to your care at no charge.

I acknowledge that I have read and understand the financial policies of Dr. Ali Tehrani.

Co-Responsible Party: Date:	