

## Financial Policy

Thank you for contacting **The Krochmal Center for Plastic Surgery**. It's an honor and a privilege for us to help **Shape Your Future!** As there is sometimes some confusion regarding financial policies, we hope this notice is helpful for you. If you have any questions, please reach out to our office.

**Consults:** Dr. Daniel J. Krochmal and the staff of The Krochmal Center for Plastic Surgery want to make your consultation as helpful as possible for you to make decisions regarding your care. To do that, quite a bit of time and effort is spent preparing for your visit (gathering and interpreting necessary information, answering your questions beforehand, etc.), at the actual visit evaluating and discussing your options, and afterwards continuing to gather and interpret necessary information and answering questions. We therefore require a \$200 reservation fee to secure your appointment (similar to buying a seat on an airline). This fee is refundable if you cancel your appointment more than 48 hours beforehand. Within 48 hours, much of the preparation work for your appointment has already been done, and we cannot refund your fee if you no-show (but we may allow you to use it toward another service with Dr. Krochmal at our discretion). The **GOOD NEWS** is that your fee is applied toward the professional fees for your surgery if paying out-of-pocket, so it's as if your consult were complimentary! **Note: If you ask us to engage your insurance company at any step (e.g. if you start with insurance but end up deciding to pay out-of-pocket), we will not apply the \$200 to your surgery. The insurance process is very time and labor intensive for our practice, and the \$200 will help cover these costs. Since the coding/billing requirements for consults/office visits often change, we do not bill or provide codes for office visits, and will not assist with claims for office visits.**

**Reserving Your Surgery (Aesthetic):** To schedule your aesthetic surgery, we require a nonrefundable reservation fee of 20% of the professional fees. Full payment is required not less than 2 weeks before your surgery. If you cancel your surgery more than 2 weeks beforehand, all money except the 20% reservation fee will be returned. If you cancel within 2 weeks, only 50% of the professional fee will be returned (the 20% deposit plus 30% of the professional fee you paid). If you cancel the day of the procedure, no money will be refunded (as we wouldn't have had time to make alternative arrangements for Dr. Krochmal's schedule). Note: we will not accept insurance benefits for procedures performed for aesthetic purposes and will not assist with insurance submission unless agreed upon in writing prior to the procedure.

**Reserving Your Surgery (Insurance):** If the procedure will be done with insurance, we require a **nonrefundable \$1000 reservation fee** to book a case where insurance benefits will be accepted. Once the surgery is performed and we receive payment from the insurance company, **we will return the \$1000 minus any copays/coinsurance** that your company indicates you are responsible for (so, you are basically just prepaying for any money you would have owned anyway).

**Revision Procedures:** Dr. Krochmal wishes he could control your biological healing and guarantee your satisfaction after procedures, however he obviously cannot. While it doesn't happen often, you may desire a revision to your procedure. If it's within 1 year of your original surgery, you were compliant with the treatment plan and instructions, and your health hasn't changed significantly (including significant weight changes), Dr. Krochmal typically waives his professional fee (but this is at his discretion). You will still be responsible for facility, anesthesia, labs, radiology, medication, services by other providers, and equipment/supply fees.

**Other Patient Responsibilities:** Dr. Krochmal can only control his professional fees. Other fees such as facility, anesthesia, supplies/equipment, medications, laboratory studies, pathology, radiology, other consultations and office visits, and management of complications are out of his control and are therefore the responsibility of the patient. Please review and become familiar with the financial responsibilities for other facilities, as these are likely different from Dr. Krochmal’s policies, and may supersede the policies of Dr. Daniel J. Krochmal and The Krochmal Center for Plastic Surgery.

**Insurance:** Note, Dr. Krochmal is Out of Network for all insurance plans. This doesn’t mean he doesn’t accept insurance, only that he’s out of network. You are responsible for understanding your Out of Network Benefits with your insurance plan. You are responsible for any fees not covered by your insurance company. Dr. Krochmal uses The Auctus Group as his billing service (we can provide the contact information if requested). Since the coding/billing requirements for consults/office visits often change, we do not bill or provide codes for office visits, and will not assist with claims for office visits. **If we perform a service that is covered by your insurance, signing this form authorizes us to collect payment from your insurance company unless the permission is revoked in writing (will only apply to services provided after the written notice).**

**Payment:** All payments are due within 30 days of invoicing for services and products provided. After 90 days, Dr. Krochmal reserves the right to send a delinquent account to “Collections”. Any refunds will be done to back to the original form of payment. **Any refunds to a different form of payment may be reduced due to finance charges incurred when processing the original payment.**

**Disputes:** On occasion there is confusion regarding charges or payment. We encourage you to contact our office first to discuss any concerns. If you contact a company (e.g. your bank, credit card company, insurance company, third party payors such as CareCredit) with a disputed payment, and that company contacts us for information on the disputed charge, you authorize us to provide the company with relevant documentation to support our charges and billing (which may include Protected Health Information that would otherwise remain private and confidential).

**Cash:** We accept cash, and will provide a receipt for your payment. Do not send cash through the mail. **Payment Options:**

**Cashier’s and Personal Checks:** Please make checks payable to The Krochmal Center for Plastic Surgery. There is a \$35 fee for any returned checks.

**Credit Card:** We accept all major credit cards. Card information can be provided over the phone, by our Credit Card Authorization Form, or through an invoice we can email you to pay online at your convenience (preferred).

**Financing:** We offer financing options through several third party companies. If interested, please ask us about your options. We do not offer in-house financing option.

By signing, I acknowledge that I have reviewed the Financial Policy and agree with the terms of this notice. If I had questions or concerns, I asked the staff at The Krochmal Center for Plastic Surgery and these were addressed to my satisfaction. I understand that if I choose not to sign this form, Dr. Krochmal and his staff may not provide any future services beyond completing treatment plans already initiated (however I will still be responsible for payment for services already performed).

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Parent or Legal Guardian (print) if signing for a patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

email: [lookinggood@krochmalplasticsurgery.com](mailto:lookinggood@krochmalplasticsurgery.com)

phone: 312.847.1230

fax: 312.753.3161

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