

American Surgical Arts, PC

“Exceptional experience . . . Extraordinary results”

SEAN M. BIDIC MD, MFA, FAAP, FACS

Board Certified Plastic Surgeon

Board Certified Hand Surgeon

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INSURANCE PLANS: Advance Beneficiary Notice of Noncoverage (ABN)

Thank you for choosing American Surgical Arts and our practice to serve in helping you with your surgery and recovery. In order to provide you the highest quality plastic and reconstructive surgery care, I employ a Physician Assistant to assist me in surgery. The benefit for you, the patient, is that everyone in the operating room is very familiar with the instruments, as well as the technique of the surgery. Therefore, our team is able to perform consistent reproducible surgical techniques which achieve a high level of success.

You will be billed a per-case charge for this service, even if your insurance carrier determines that it is “**not necessary**” or “**not covered**”. ***For procedures less than 1 (one) hour the fee is \$300.00. For all other surgeries, that fee is \$500.00.*** Please bear in mind that this service is something that is medically indicated to provide you the highest quality care. This also avoids the charge of having a physician surgeon assisting at the time of your surgery. These charges are considered to be usually and customary by the vast majority of insurance carriers. However, in the increasingly aggressive environment of managed care, some carriers unilaterally exclude this. This letter is to notify you of the fees and the reason for using an experienced, consistent team of people to assist me for your surgery – to provide the highest quality of surgical care possible. You will be billed only the difference if your carrier pays a portion of this fair and reasonable fee that helps pay the salaries of the people dedicated to help you.

All physician and assistant surgical fees are billed out at full fee to allow the insurance carrier to adjust according to your insurance contracted fee. (This is required by the contract, even though they generally pay our practice a greatly discounted percentage of our usual charges.) Because of this, we ask that you honor your obligation to pay your co-pay and deductible per the terms of your policy.

If you have questions regarding these policies, please discuss it with our scheduling personnel **prior** to your surgery. If this policy creates financial hardship for you, then special arrangement can be made through the office. Again, thank you for choosing our practice. We are striving to do our best for you.

Sincerely,
Sean M. Bidic, M.D.

NOTE: If your insurance carrier **doesn't** pay for assist in surgery, you will be responsible for payment.

Print Name _____

Date of Birth _____

Signature _____

Date: _____

