

american surgical arts

plastic & reconstructive surgery

Dear Patient,

Please be advised first the healthcare plans in which our practice is a participating provider and the facilities with which our practice is affiliated are listed on our website at www.americansurgicalarts.com. This information is also available to you upon request at our office.

If your health plan is not listed on our website or communicated to you at the time of your appointment as a benefit plan that we participate in, please note, American Surgical Arts does not participate in the network of your healthcare plan. As an out-of-network physician, Dr. Sean Bidic, Dr. Vinay Gundlapalli and/or Dr. Casey Sheck have not agreed to any set rate that your healthcare plan may pay, and they may charge more. The estimated amount that will be billed to you is available upon request. However, if unforeseen medical circumstances arise when services are provided, the amount that will be billed for services rendered may be higher.

Depending on your specific plan, you may have a financial responsibility for services related to your out-of-network deductible, co-pay, and/or co-insurance. Additionally, you may be responsible for the portion of our charges that are not covered by your insurance and we recommend that you contact your insurance carrier for further information regarding the cost under your specific plan.

As a courtesy to our patients, we will bill your insurance company directly for reimbursement of our services. Occasionally, the insurance company will either mail the check or deposit our reimbursement for surgical fees directly to you. In these circumstances, we kindly ask that you mail us a copy of the explanation on benefits (EOB) with the check from your insurance company endorsed by you, or in the case of monies being directly deposited, a check from you in the exact amount stated in the EOB made payable to American Surgical Arts. Failure to comply will force your account to become past due. This may result in the amount being owed being turned over to a collection agency and may adversely affect your credit.

We thank you for your cooperation in this matter and we are happy to assist you in any way we can.

I acknowledge that Dr. Sean Bidic, Dr. Vinay Gundlapalli and/or Dr. Casey Sheck is an out-of-network provider and I elect to obtain services from Dr. Sean Bidic, Dr. Vinay Gundlapalli and/or Dr. Casey Sheck. I understand it is my responsibility to remit any funds rendered to me by my insurance carrier as payment for medical services provided to me by Dr. Sean Bidic, Dr. Vinay Gundlapalli and/or Dr. Casey Sheck. I hereby authorize Dr. Sean Bidic, Dr. Vinay Gundlapalli and/or Dr. Casey Sheck or their authorized representative to appeal and pursue all other legal rights for any and all unpaid claims on my behalf with my insurance company. I also acknowledge that I have read the above information regarding fee disclosure.

Print Name

Date

Signature