



THE NEW YORK
AESTHETIC CONSULTANTS
PLASTIC, LASER & DERMASURGERY

DERMASURGERY
RON M. SHELTON, M.D., F.A.A.D.

NEW YORK OFFICE-BASED SURGERY, PLLC

PLASTIC SURGERY
TED CHAGLIASSIAN, M.D., F.A.C.S.
WILFRED BROWN, M.D., F.A.C.S.



Accredited by The Joint Commission

COMMERCIAL FINANCIAL POLICIES FOR DIRECT REIMBURSEMENT

Welcome and thank you for selecting the New York Aesthetic Consultants. We wish to provide you with the best possible administrative, medical and surgical care. It is our desire to be as attentive as possible to your financial needs. Dr. Ron Shelton, Dr. Ted Chaglassian, and Dr. Wilfred Brown do not participate with any commercial insurance company. Please refer to the Patient Demographic Information form for details on NYAC policies and your financial responsibilities.

Please be aware:

- As a courtesy to you, The New York Aesthetic Consultants, LLP will not demand full payment at the time of service and will allow 30 days for the primary insurance to process the claim.
- In some cases, however, The NYAC will demand payment in full prior to rendering the services.
- You will be responsible to pay any unmet deductible at the time of service. If by the time we submit the claim, your deductible is met, we will refund any overpayment on your account within 30 calendar days.
- You will be responsible for any co-insurance and uncovered by insurance portion of the claim.
- If you have secondary insurance, as a courtesy we will file a claim on your behalf. If the secondary carrier fails to make payment in 30 days, you will be responsible for payment in full.

If you have health insurance coverage with one of the following insurance companies, the re-imbusement will be sent directly to you:

Blue Cross/Blue Shield and out of State affiliates
Untied Healthcare- The Empire Plan

Oxford/United Healthcare
GHI Other _____

Since your insurance will reimburse you directly, it is the office policy to have a method of payment such as a credit card on file. With your permission, we will use this information to process payment. Please do not forward your insurance check to us since our bank does not accept a third party check.

Please note that we will charge the credit card provided below to pay for any outstanding balances on your account. We will do that once your insurance company notifies us the claim has been finalized and the payment was sent to you. One of our representatives will contact you prior to charging the credit card. If you have questions regarding this policy, please ask to speak to a billing representative.

Mastercard _____ Visa _____ American Express _____ Discover _____	
Card # _____	
Exp _____ / _____ Security ID # (3-4 digits, on back of card) _____	
Card Holder _____	Signature _____

***By signing below, I acknowledge I have read and agree to the above terms and conditions.
I hereby authorize The NYAC to charge my credit card and confirm I will not dispute this charge with my credit card company.***

Patient Name: _____

Patient/Legal Guardian Signature: _____ Date: ____/____/____