



THE NEW YORK
AESTHETIC CONSULTANTS, LLP
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 POLICY

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. Since you are using the out-of-network benefits, then your insurance will reimburse based on their "usual and customary fees". Prior to the service, we will confirm your out-of-network benefits, your coinsurance rate, and unmet deductible amount, and give you an estimated cost of the procedure. We will also pre-certify scheduled procedures; however, pre-certification is not a guarantee of payment. The insurance coverage is a contract between you, your employer, and the insurance company. Please refer to the Patient Demographic Information form for details on other The NYAC financial policies.

Please note:

- 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 within 60 days from the date of service, you will receive a statement from us for the outstanding balance.

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

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

I hereby authorize The NYAC to charge my credit card and hereby confirm I will not dispute this charge with my credit card company. Signature _____

By signing below, I acknowledge I have read and agree to the above policy terms and conditions.

Patient Name: _____

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