

**Samuel J. Mucci, M.D., P.C.**  
**Financial Agreement**

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum benefits. In order to achieve this, we need your assistance and your understanding of our payment policy concerning insurance matters.

It is our office policy to bill your insurance carrier(s) as a courtesy to you, although you are ultimately responsible for the entire balance. If your carrier does not remit payment within 30 days, the balance will be due in full from you.

Payment or services rendered can be made payable by cash, check or credit card. If you have no insurance, please speak with our office insurance specialist about your circumstances.

Returned checks will be subject to additional fees.

Please realize that:

1. Your Insurance is a contract between you, your employer and the insurance company.
2. Our fees are considered usual and customary for the area, and are within the acceptable range of other plastic surgeons in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that will not be covered.
4. You are responsible for any deductibles and/or co-payments.
5. In matters of dispute of payment, you agree to waive your privacy protection under HIPAA.

WE ENCOURAGE OUR PATIENTS TO READ THEIR INSURANCE POLICIES. IF YOU HAVE QUESTIONS, SPEAK WITH YOUR INSURANCE AGENT OR EMPLOYER.

*WE MUST EMPHASIZE THAT AS A MEDICAL PROVIDER, OUR RELATIONSHIP IS WITH YOU, NOT WITH YOUR INSURANCE COMPANY.*

**The filing of your claim to the insurance is done as a courtesy, but ultimately you are responsible for all services rendered. We realize that problems can arise that may effect timely payment of your account. If this is the case, please speak with our billing coordinator promptly to prevent collection action.**

If you have any questions about the above information or are uncertain about your insurance coverage, please do not hesitate to contact us. We are here to assist you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_