

PAYMENT POLICY – COSMETIC

Please Read Carefully

In consideration of goods and services rendered to the Patient by 'Iowa Plastic Surgery, P.C. ('Provider'), the person ('Undersigned') signing this Payment Policy agrees to the following:

1. Agreement to Pay Charges - The Undersigned agrees to pay to Provider the total charges, on demand, for goods and services rendered. The Undersigned agrees to pay the charges that are listed in the current Provider fee schedule, which is available for inspection upon request. Provider reserves the right to accept periodic payment without waiving the right to demand payment in full as outlined above.

2. Surgery Charges - Surgery charges are payable in full at the time surgery is scheduled. Once surgery has been scheduled, \$1000.00 of the fee is non-refundable due to costs incurred by the Provider at that time. Personal checks are accepted two weeks or more in advance of the surgery date.

3. Itemized Patient Bill - Upon request, the Undersigned will receive an itemization of charges for all goods and services rendered.

4. Procedures are Cosmetic - Not billed to Insurance - The Undersigned acknowledges that the Provider will not bill any insurance or third party payer, nor will the Provider submit/fill out insurance forms or provide diagnostic codes (these are cosmetic procedures and do not have applicable diagnostic codes). If the paying party chooses to submit insurance claims, payments made by insurance companies and received by the Provider, will be credited to the patient's account. The assignment of insurance benefits to the Provider, does not alter the Undersigned's obligation to pay for services rendered at the time of service.

5. Overpayment - Overpayment by or for the Patient will be applied to balances due, and then will be refunded to the paying party or held on account if requested by the paying party.

6. Returned Check or Chargeback Fee - Checks or charges returned from the bank will be reassessed to the patient account and bank charges added (minimum \$25.00 fee).

7. Interest Charged - The Undersigned agrees that, if he/she is more than 30 days delinquent in the payment of any charges, interest may accrue at the maximum rate allowable by law.

8. Collection Costs - Should an account be more that 30 days delinquent it will be sent to collections. The Undersigned agrees to pay all collection costs, as well as reasonable attorney's fees, court costs, and other fees/expenses that Provider may incur in collecting any unpaid charges which were incurred for goods and services rendered by the Provider.

9. Decline Services - Provider reserves the right to decline further services to the Patient without notice.

10. Undersigned Authority - If the Undersigned and Patient are not the same, the Undersigned warrants that he/she has full legal authority to sign this Agreement on behalf of the Patient. The Undersigned shall be liable for all amounts due for goods and services rendered. If the Undersigned fails to make payment, this Agreement in whole, shall be binding upon the Patient's heirs, executors and administrators.

11. Notice to Undersigned - Do not sign this Agreement without having read it. All terms and conditions of this Agreement shall be valid and binding upon the Undersigned for any present or future services provided to the Patient by the Provider.

Date	Patient Signature	Printed Patient Name
------	-------------------	----------------------

Date	Guarantor Signature	Printed Guarantor Name
------	---------------------	------------------------