

Hurwitz Center for Plastic Surgery

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Our Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

We file insurance claims to all carriers as a courtesy to our patients. We are a participating provider with Blue Shield of Pennsylvania, Medicare, UPMC, Aetna and commercial health insurances. While we accept assignment for these claims, you are responsible for the full payment of all associated non-covered services, deductibles and co-payments.

We accept cash, checks, Master Card, Visa, Discover and MAC debit cards.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize however, that:

- Your insurance company is a contract between you and your employer, and your insurance company. It is your responsibility to understand the terms of your policy, i.e. co-payments, deductibles, second opinions and pre-certification.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover. Pre-authorization is sometimes required by insurance carriers prior to service to determine coverage. We will be happy to assist you in obtaining per-authorization.

We must emphasize that as medical providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may effect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask. We are here to help you.

Signature _____

Date _____