

MORGAN

COSMETIC SURGERY

Agreement and Policy Concerning Insurance

We are not in any insurance network. If you have any surgery, you pay our fees in advance, as outlined in our billing policy. For surgery that may be covered by your health insurance, we give you a bill after surgery with codes that you submit to your insurer for reimbursement to the limit allowed by your policy.

To understand your policy, before coming to see Dr. Morgan, we suggest that you call your insurer or go to their website to find out:

1. If your operation is covered by your policy
2. What is involved if you use an out-of-network surgeon
3. What criteria you need to meet before having this operation
4. For major surgery, we strongly suggest that you have us submit a pre-determination report on your behalf to your insurer before booking surgery. Decisions take about 10 days to obtain. Without a favorable written pre-determination, your insurer may not cover any costs, including hospital costs, for major surgery. The fee for the report is \$25.
5. If coverage is denied, at your request we arrange a peer review. The cost is \$50.
6. If coverage is still denied, you may file an appeal with your insurer. We charge \$100/hour for any assistance with your appeal, with a maximum of 8 hours. Successful appeals are rare, unless you are a lawyer.
7. If your insurer will reimburse you on the bases of a "coding error," we prepare one free corrected statement-provided you tell us what codes would be covered.
8. Whatever your insurance reimbursement, it is likely to be less than our fee. Insurers do not disclose to us what they reimburse you for any procedure.

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"I understand and agree to the above policies."

Name _____ Signature _____ Date _____



contact@morgancosmeticsurgery.com
morgancosmeticsurgery.com

404.941.3200 phone
404.941.3206 fax

2045 Peachtree Road NE Suite 412
Atlanta, Georgia 30309

11975 Morris Road Suite 310
Alpharetta, Georgia 30005

