

Symmetry Laser Vein Center
2169 SE Ocean Blvd Stuart FL 34996
772-286-5501

Our Financial Policy

Thank you for choosing **Symmetry Laser Vein Center**; we are committed to your treatment being successful in achieving good functional & cosmetic results.

Our financial policy was created to avoid any confusion or misunderstanding regarding you & your health insurance coverage.

Your insurance policy and coverage is a contract between you & your insurance company. We are not party to that contract or responsible for the processing of your claim once received by them.

In the event that we participate with your insurance company we will do our best in getting your claims pre determined and processed for payment in a timely manner.

Symmetry Laser Vein Center will submit your claim to the insurance company and follow standard protocol in getting your claim processed and paid in a timely manner.

You as the insured and policy holder understand that pre determination and verification of benefits is not a guarantee for payment; your insurance company has the right to deny any claim that they deem is not a covered benefit, after the services have been provided to you.

Your insurance benefits will be verified at the time of your appointment, payment we will collect deductibles Co-payments & co insurance amounts as informed by your insurance company. **These are estimated amounts and you are responsible for any additional monies your insurance company informs us to collect from you.**

Symmetry Laser Vein Center will make every effort on your behalf to dispute a denied claim. If after 90 days your bill remains unpaid it will be your responsibility to pay the total outstanding balance due.

Policy Exclusions: Some insurance policies will have “**excluded treatment**” clauses; we ask that you contact your employer or insurance company directly as we have no control over this; patients who’s plans have policy exclusions will be treated as self pay.

Pre-Existing Conditions/Lapse in Coverage: It is the patients responsibility to provide information and follow up on information submitted you your insurance company if they are holding or denying claim payment for pre-existing conditions , lapse in coverage and or other insurance patient related information, this is not our responsibility. In the event that your insurance company determines payment in not allowed after review of information, the full balance will be your patient responsibility. If you do not respond to requests from your insurance company with in 30 days of the request , the full balance will be patient responsibility.

I understand and agree to the stated financial policy of Symmetry Laser Vein Center.

X _____ Date: _____/_____/_____

Signature of patient or Responsible Party

X _____ DatE: _____/_____/_____

Signature of patient or Responsible Party