



**Robert E. Topper, MD, FACS**  
**21020 State Road 7 Ste 120 Boca Raton, FL 33428**  
**Office (561) 483-4300 Fax (561) 483-2296**

### **FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and agree with prior to rendering any professional services. All patients must also complete the separate Information and Insurance form prior to the rendering of professional services. Copayments, Coinsurance and Deductibles are due at the time of service. We accept cash, check, Visa, MasterCard, American Express or Discover card.

Should your account not be paid, you, the patient or the responsible party assumes all cost of collection, including, but not limited to court costs, interest and legal fees and you agree to be responsible for and guarantee payment of all unpaid claims and any balances which remain after payment by either third-party payers or by you for professional services rendered to you or on your behalf by South Florida Surgical Specialists, LLC and its physicians and technical staff and you agree that you will pay for the costs of collection associated with your failure to pay amounts due and owing to South Florida Surgical Specialists, LLC.

### **REGARDING INSURANCE**

We will accept assignment of insurance benefits; however we do require a percentage of the bill to be paid at or before the time of service when applicable. The balance is your responsibility whether or not your insurance company pays. We cannot bill your insurance company unless you provide us with complete and accurate data. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will facilitate the claims process by filing for you. If your insurance company has not paid your account in full within 45 days you will be responsible for the balance. Please be aware that some of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and other medical insurance.

Exceptions to the above policy are restricted to the plans for which Robert E. Topper, MD, FACS is a contracted provider (e.g. certain HMO's & PPO's.) You will be responsible for all required co-payments and deductibles at the time of service. You will also be responsible for payment for procedures not covered by the insurance company, or procedures performed for preexisting conditions if not covered by your policy. We will assist with obtaining authorizations for all procedures however preauthorization is not a guarantee of payment by your insurance company.

### **MISSED APPOINTMENTS**

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the allowed amount. Please help us serve you better by keeping scheduled appointments.

### **SURGERY CANCELLATIONS**

Once confirmed, surgery dates and times CANNOT be rescheduled for any reason except failure to be medically cleared. At the discretion of the surgeon a \$250.00 rescheduling fee will be charged.

Thank you for agreeing to our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy and understand and agree to the above Financial Policy.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Responsible Party