

**Andrew D. Smith, M.D., Inc.**  
16100 Sand Canyon Ave., Suite 230, Irvine, CA 92618  
Office (949) 653-7000 Fax (949) 453-0553

Patient Name: \_\_\_\_\_

**INSURANCE SERVICES**

Andrew D. Smith, M.D., Inc. will submit claims to your insurance company for all medical services rendered that are covered benefits. We will attempt to verify eligibility and benefits with your insurance company; however, this verification is not a guaranty of payment. Any expenses deemed not covered by your insurance company will be your financial responsibility.

All monies owed by the patient, i.e., office visit copayments and non covered services or supplies are due at the time of service. Also, when applicable, coinsurance percentages and/or deductibles may be collected at the time of service. Please be aware that this office will bill only for the physician's services. Any other services related to your office visits, i.e., laboratory, radiology or pathology will be billed by the facility providing these services.

The contract between Andrew D. Smith, M.D., Inc. and your health plan, as well as the contract between you and your health plan requires that you make payment in full of all co-payments and deductible amounts deemed to be your responsibility upon claims processing. Additional discounts are forbidden by contract unless financial hardship is documented and approved by this office.

**COSMETIC SURGERY**

Patients receiving surgery that is not a covered benefit of your insurance plan must pay for the services in full prior to the surgery. For your convenience, Andrew D. Smith, M.D., Inc. has made financial arrangements with the Surgery Center and the Anesthesiologist to provide a global package rate. You will not receive a bill from the Surgery Center or the Anesthesiologist. You may receive a bill for pathology, lab, ekg, respiratory services if they are required.

During your cosmetic surgery, you may receive a surgical service that is covered by your insurance company. We will bill your insurance company if you receive a covered surgical service. Your doctor will discuss the possible covered services.

**PAYMENT**

Our office accepts the following forms of payment: Visa, Mastercard, American Express, cash and personal checks. **A twenty dollar (\$20) service charge will be assessed to your account for any check returned by your bank.**

\_\_\_\_\_  
Responsible Signature

Rev. 05/10

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Date