Keelee J. MacPhee, MD. Plastic & Reconstructive Surgery

Special Administrative Services Agreement, No Surprise Billing

Dr. MacPhee is **NOT** in network with any insurance companies except for **Medicare**.

If you are trying to have your elective surgery covered by insurance, then we require a **non-refundable**, \$250.00 administrative fee for patients requesting our assistance in trying to have surgery pre-authorized and/or pre-determined by the insurance company. This process is often extensive in the detail and time that it takes to work with the insurance companies.

We provide COURTESY CLAIMS ONLY. We will provide a postoperative courtesy claim or superbill showing your surgery details that you may submit or we will send to your insurance company. Each insurance company will have their process and form on their website for patients to send in their claims. Except for Medicare, we do not accept assignment nor benefits from any insurance companies.

We strongly recommend you first contact your insurance company to request *in writing* the surgical procedures with their requirements that are part of your benefits package. Based on the written information, you will be able to judge whether you are a qualified candidate according to their written rules.

It is not uncommon for insurance companies to not allow pre-surgical authorization or pre-determination. In these cases, the patient will have to undergo surgery without any pre-operative assurance of insurance reimbursement.

We will provide you with a good faith estimate for your surgeon's fee, so that there is No Surprise Billing from the surgeon. Our hospital and anesthesia colleagues will also provide you with good faith estimates or price transparency statements. All of our communication as a courtesy with your insurance company does **not** guarantee that you will be reimbursed for any medical care.

I have read and understand this Special Administrative Services Agreement Form.

I agree to pay the Non-Refundable \$250.00 administrative fee.

I understand that all communication as a courtesy with my insurance company does not guarantee any reimbursement for my medical care.

Please Print Full Legal Name of signee		
Signature of Responsible party	Date	