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## Payment and Medical Information Management Consent

I am aware that my insurance provider may not pay for some , all or any of the care / treatment provided by New Horizons Plastic Surgery LLC or companies working with our surgeon to provide your care. (For example, laboratory tests and imaging exams). **I may be required to pay a Co-Pay or make complete payment.**

**I agree to remain financially responsible for all charges, except where specifically excluded by agreements held between my insurance provider and New Horizons Plastic Surgery LLC.**

Further, I certify that **I will assign to New Horizons Plastic Surgery LLC / H James Webb MD, all benefits, and payments made by third parties / insurance companies** payable to me , for services rendered.

**I authorize my insurance benefits to be paid directly to New Horizon Plastic Surgery.** I authorize the use of my signature on all insurance submissions.

I authorize New Horizons Plastic Surgery and/or Dr. Webb may disclose my health information to the above-named insurance company(ies), their agents, relevant financial institutions, legal representatives, collection agencies, or government agencies for the purpose of obtaining payment, insurance benefits, or legal action for services rendered, even if the charges are disputed.

I hereby give my permission to fax, mail, e-mail or otherwise communicate pertinent medical information required for claims processing, to agents New Horizons Plastic Surgery has contracted to assist with said functions.

I understand that delinquent balances (greater than 90 days) will be referred to a collection agency and that I personally will be responsible for all fees incurred by New Horizons Plastic Surgery in the collection of the balance including court costs.

This consent for disclosure will end one year from the date of my signature.

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Payment Policy for Self Pay Patients  
Pain medication Policy

1. The cost of an initial and each subsequent appointment is \$65 for all self pay patients regardless of referral from another physician or emergency room.
2. There will be no charge for the initial postoperative visit, made within two weeks following surgery if Dr. Webb has performed surgery on you. Subsequent visits will be charged.
3. The payment is due prior to being seen by Dr. Webb.
4. Payment for surgeries performed is required. Everyone must pay something, even if it is a weekly payment plan or partial payment. Partial payment is expected
5. Pain medication refills will not be made by telephone or called into a pharmacy.
6. You will require an evaluation if you require pain control beyond the time originally anticipated on your prescription. Dr. Webb will evaluate you at that time to determine the cause and best treatment for your pain. In general, a \$65 charge will be made for all return evaluations.
7. Patients requiring long term pain control (more than 4 weeks) will be referred to their primary care physician for assistance with continued pain control. If you do not have a primary care physician, you will need to find one.
8. Dr. Webb will not prescribe pain medication beyond 4 weeks following surgery, and in no case will resort to the use of hydromorphone ( Dilaudid), or methadone.
9. Patients with increased tolerance to usual does of oxycodone ( Percocet) or hydrocodone (Lortab) should contact their primary care physician for assistance in their pain management. Substance abuse and narcotic dependency are beyond the scope of practice of New Horizons Plastic Surgery LLC.

I understand and agree to comply with these policies related to payment for services and pain management.