COMBS
PLASTIC SURGERY
& AESTHETICS
GREGORY L. COMBS, M.D. P.C.
1914 Willamette Falls Drive, Suite 210
West Linn, OR 97068
503-655-9727

Our Office Policy

Thank you for choosing Gregory L. Combs M.D., P.C. for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Insurance Coverage
Please provide us with your current insurance card and notify us of any changes. We will request a copy of your insurance card to copy and keep on file for our records.
Because healthcare benefits and coverage options become increasingly complex, we have developed this policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance claim for reimbursement. Your health insurance policy is a contract between you and your health insurance company. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals and/or pre-authorizations. You should be knowledgeable of any deductibles, copayments and/or coinsurance. If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket expenses, and coverage limits.
Please be aware of and provide any required referrals or authorizations in advance of the appointment. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.

Address Change
It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information.

Other Bills
You may receive services at a hospital such as anesthesia, radiology, pathology or other services. These doctors provide vital services and are involved in your care. There may be additional charges for these services and you may receive a bill from those providers. In addition, you may receive inpatient or outpatient hospital care at a hospital. If so, you will receive a hospital bill for those services.

Payments /Co-payments/Co-insurance/Deductibles
You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. We will also collect all previous outstanding patient balances at the time of your visit.

All co-payments, past due balances and cosmetic procedure fees are due at the time of service. We accept cash, check or credit cards. If you are unable to pay the full amount due at the time of service, please speak with us to arrange acceptable payment arrangements.

We will bill your insurance. Once they have paid, you will receive a bill for the remaining amount owed. The balance is due in full within 30 days of receipt of the statement. If you are unable to pay the full amount within 30 days, please call the number located on your statement to make payment arrangements.

Self-Pay- Medically Necessary
Self-pay accounts are patients without insurance coverage and patients covered by insurance plans in which the office does not participate. It is your responsibility to know if our office participates with your plan. Self-pay

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patients are required to pay at the time of service. If you are unable to pay the amount due, please speak with us to arrange acceptable payment arrangements.

Pathology Policy

All surgical specimens will be sent to pathology. The lab will generate a separate billing for pathology. Any questions regarding these services or related charges need to be directed to the appropriate lab.

Non-Medical Fees

Additional fees may apply to the following:
Returned Checks – There will be a $25 fee assessed on returned checks.

Cosmetic Payment Policy

Full payment for surgery is due at the time of your pre-operative appointment, one to two weeks prior to surgery date. Cancellation within 48 hrs of surgery will result in a charge equal to 25% of the surgical fee, with the remaining balance refunded to you. Payment with a personal check, cashiers check, cash, Visa, or Mastercard is accepted. Please note that a returned or rejected item will incur a $25 processing fee.
Financing information is available from CareCredit.
The patient is responsible for lab fees, EKG if required, and pre and post-operative prescriptions. All other follow up office appointments are included in the surgical fee.
Revision Policy: When performing cosmetic surgery, perfection is always our goal. We recognize that sometimes-surgical revisions are necessary to obtain optimal results. When this occurs the patient will be charged for the facility and anesthesia costs of performing the revision.

Assignment of Benefits and Responsibility to Pay

I hereby assign all medical and surgical benefits to which I am entitled. I hereby authorize and direct my insurance to issue payment directly to Gregory L. Combs M.D., P.C. for medical services to myself and/or my dependents. I have also read and understand the financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Print Name of Patient _____

Signature of Patient (or responsible party) _____

Date _____