North Star Plastic Surgery, LLC
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Fairbanks, AK 99709
Ph: (907)415-1884
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Insurance Disclaimer

A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.

INSURANCE LIABILITY FOR PAYMENT

Your health insurance company will only pay for services that it determines to be "reasonable or necessary." Every effort will be made by this office to have all services and procedures pre-authorized by your health insurance company. If your health insurance company determines that a particular service or procedure is not reasonable or necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service. You will be liable for any charges not paid/covered by your insurance company.

BENEFICIARY AGREEMENT

I understand that my health insurance company may deny payment for the services identified above, for the reasons stated. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or any coinsurance that applies.

Name:_____

Signature:_____ Date:_____