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SURGERY SPECIALISTS

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NEW PATIENT INFORMATION

We are an Out-of-Network Provider for Healthlink/GHP/First Health/Healthcare USA. Unless you have Out-of-Network benefits, it is unlikely those providers will cover your office visit/treatment with us unless it was provided on an emergency basis. You will be responsible for the cost of your treatment if the insurance company refuses to pay.

We understand not everyone has/can afford health insurance. We do our best to take care of everyone to the best of our abilities. Surgeries/procedures not covered by insurance will require pre-payment in full 1 week before the scheduled date. Alternative financial arrangements can be arranged in some cases.

There will be a \$25 charge for returned (i.e. bounced) checks.

Splints are not covered by Medicare/Medicaid. The typical cost of each splint is \$30-\$35 and will require payment at that time.

Wound packing kits are available for \$12.

Medical form completion by the physician (i.e. F.M.L.A. forms) is not covered by insurance and will be charged at \$20, payable at the time of completion. This is standard in medical practices.

Patients not canceling appointments more than 24 hours in advance and not showing up for scheduled appointments will be charged \$25 after two occurrences before they are rescheduled.

Co-Pays are due at the time of scheduled appointment, payable by check, cash, Visa, MasterCard or Discover. The closest ATM to our headquarters is at Pulaski Bank.

In-office and radiological procedures may require notification of your insurance company and pre-approval, necessitating a follow-up appointment for the procedure.

Certain insurances with high yearly deductibles will require pre-payment before surgeries/procedures are done if your yearly deductible has not been met already for the year.

Thank you.

Signature _____ Date _____