

**NOVA Plastic Surgery Financial Policy:**  
**Worker's Compensation Patients**

**Ashburn Office**  
**21785 Filigree Court**  
**Suite 206**  
**Ashburn, VA 20147**

**Reston Office**  
**1860 Town Center Drive**  
**Suite 255**  
**Reston, VA 20190**

Dear Patient,

Thank you for choosing NOVA Plastic Surgery for your plastic or reconstructive needs. This Financial Policy was developed to assist you in understanding how the billing for your services will be handled and your obligations with regard to billing. If you have any questions, please do not hesitate to consult a staff member.

**OFFICE VISITS & SURGERY:**

NOVA Plastic Surgery will work directly with your Worker's Compensation adjuster to retrieve reimbursement for services rendered. It is your responsibility to ensure that we have all of the Worker's Compensation information that is provided to you from your employer and/or insurance company. Failure to provide this information to us, will result in you being responsible for the services NOVA Plastic Surgery provides.

**AUTHORIZATION TO RELEASE INFORMATION:**

Pursuant to applicable federal and state laws, rules and regulations, I authorize NOVA Plastic Surgery and my insurance company to release any information related to my bills and payments as needed. I further authorize NOVA Plastic Surgery to release my medical records to my insurance company for payment of medical benefits to NOVA Plastic Surgery.

Sincerely,

NOVA Plastic Surgery

**ACKNOWLEDGMENT AND AGREEMENT:**

By signing below, I acknowledge that I have read the NOVA Plastic Surgery Financial Policy. My signature below attests to the fact that I fully understand the Financial Policy and agree to the terms and conditions contained herein.

I understand that if I am under 18 years of age, I am required to have a responsible party over the age of 18 years read and sign this Financial Policy. The responsible party agrees to be bound by the terms of this Financial Policy to the same extent as the Patient.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Responsible Party Name	Responsible Party Signature	Date

Initial: \_\_\_\_\_