



**PLASTIC SURGERY INSTITUTE OF DAYTON, INC.  
PSI SURGERY CENTER, LLC.**

9985 Dayton Lebanon Pike  
Centerville, OH 45458  
937-886-2980

**Insurance Disclaimer**

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs. **Providing quality medical care for our patients is our primary concern.** It is impossible to know if Plastic Surgery Institute of Dayton, Inc. and/or PSI Surgery Center, LLC. are participating providers for each and every insurance company and/or network. **It is the insured's responsibility to confirm with the insurance company that these entities are enrolled in your particular plan.** If your insurance company/network has changed recently or you have not been seen in our office in the last 3 months we strongly recommend you contact your insurance company to confirm we are a provider for your plan.

In addition, some insurance companies pay different levels of benefits depending on where care is provided. **Again, it is the insured's responsibility to know where the highest level of benefits will be provided.** (Employees of Miami Valley Hospital and Premier Health Partners who have United Health Care are examples of this type of reimbursement.)

I acknowledge that I have read the above statement and understand it is my responsibility to confirm with my insurance company/network that Plastic Surgery Institute of Dayton Inc. (Dr. Schmidt/Dr. Fox/Dr. Hedrick/Dr. Parrish) and PSI Surgery Center, LLC. are participating providers for my plan. I will be provided a copy of this statement upon request.

I acknowledge that Plastic Surgery Institute of Dayton, Inc. is not a participating provider for any Aetna Insurance plans. Patients with out-of-network benefits can be seen at PSI but will have higher out-of-pocket expenses (deductible/co-insurance/copays). If you would like to know the difference in your in versus out-of-network benefits we would be happy to help you obtain this information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_