

March 16, 2023

**Regarding patients submitting a claim to their insurance company for reimbursement after a procedure:**

Dear Patient,

As you know, effective December 1, 2020, I chose not to accept any new patients through insurance and notified the insurance companies in writing. **I am no longer a provider for Medicare effective 3/1/2023, Aetna effective 5/15/2023, Cigna effective 4/10/2023, BCBS Highmark effective 5/9/2023 and Independence BC effective 2/28/2023.**

If you do decide to submit a claim to your insurance company for reimbursement for your procedure, we will furnish you with a copy of your medical records including your initial intake forms, my office notes, your operative notes and any laboratory or pathology reports and photographs. You must first sign a records release form (my office will provide this to you) to receive your records.

**We do not fill out or submit any billing forms, claims, provide “letters of medical necessity” or talk to insurance companies. Diagnosis codes and procedure codes are available through an internet search and are not provided by the office – these codes are required only by insurance companies for reimbursement and not provided by my office.**

Please be aware that filing for reimbursement may open the door to other issues. My fees charged are the same exact fees I historically charged any insurance company (when I was accepting insurance) regardless of the type of insurance or if a patient was paying themselves. The fees I have contracted for the surgical center I prefer to operate at are negotiated fees with the surgical center, anesthesia providers and laboratory – essentially a “fee for service” outside of insurance. If you file and your company does agree to reimburse the providers, you may be responsible for any original charges, copays, etc. from the surgical center, anesthesia providers or laboratory services. If your insurance is “out of network” these fees could be substantial, and you will be responsible for them.

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