



FINANCIAL POLICIES

INSURANCE COVERAGE

- The benefits paid by insurance companies for plastic surgery vary by carrier and by plan. We make every effort to determine in advance if insurance coverage exists and the required deductible or co-payment. This is due in full at your preoperative visit 3 weeks prior to surgery performed in the hospital. For office procedures, payment by credit card, debit card, cash or cashier’s check will be accepted on the day of surgery. Personal checks will be accepted 2 weeks prior to your surgery dates. Returned check fee is \$37.00.
- Your insurance will only pay for services that it determines to be reasonable and necessary. Reasonable effort is made by this office to comply with your insurance company’s guidelines. You are ultimately responsible for the full payment of your account. If your insurance denies payment, you agree to be personally and fully responsible for full payment.

COSMETIC SURGERY POLICY

- The initial cosmetic consultation fee of \$75.00 will be applied toward your surgical fee.
- A non-refundable scheduling fee of \$500.00 is required to schedule surgery and hold a surgery date. This is applied toward your surgical fee.

PAYMENT OPTIONS

- Payment for cosmetic surgery is due in full 3 weeks prior to surgery. We provide a number of payment options which may be used individually or combined according to your wishes.
- CASH OR CHECK: Personal check, cashier’s check, debit card or cash.
- CREDIT CARD: Visa, Master Card, Discover Card. We **DO NOT** accept American Express.
- OPTIONAL FINANCING PLANS: We have several financing plans available and will be happy to assist you with applying for financing.

CANCELLATION POLICY

- We understand that a situation may arise that could force you to postpone or cancel your cosmetic surgery. Please understand that such changes affect not only your surgeon but other patients as well.
- If you need to cancel your cosmetic surgery 3 weeks or less before surgery, you are entitled to a 75% refund minus credit card or financing fees and the non-refundable scheduling fee. All monies will be applied to your new surgery date if you reschedule within 90 days.

Patient Signature _____ Date: _____

Witness Signature _____