## Zannis Center for Plastic Surgery PATIENT FINANCIAL POLICY

Your clear understanding of our Patient Financial Policy is important to our professional relationship.

## **Cosmetic Surgery**

**Initial Consultation - \$150.00.** This fee is due at the time an appointment is made. Cancellations that do not occur before 24 hours of the appointment forfeit this fee (No-show Fee). This fee will be applied to your cost for surgery. Consultation fee is waived for established patients (seen within the last 2 years).

**Surgery Deposit - \$500.00.** Deposit is due at the time surgery is scheduled to reserve date. It is applied towards surgery fee. If surgery is cancelled by patient less than 2 weeks in advance, deposit is forfeited. If surgery is cancelled day of surgery, patient will be charged \$750.00 to cover staff time and OR supplies already utilized. Positive urine cotinine (nicotine) test will be cause for cancellation and \$750.00 cancellation fee to be paid by patient prior to rescheduling.

**Total Balance.** Payment for the balance of the surgery fee is due at the preoperative History & Physical exam or 2 weeks prior to the operation, whichever comes first. If fees are not provided 5 business days before the scheduled procedure the surgery will be cancelled. If additional fees are incurred for preoperative testing, pathology or hospitalization, the patient is responsible for these in addition to the original quote.

**Refunds.** There are no refunds for services performed, including non-invasive / injectables. Partially used laser packages or other service packages are non-refundable.

## **Reconstructive Surgery Procedures**

**Insurance Submissions.** Our office is pleased to obtain pre-authorizations from your insurance carrier for non-cosmetic procedures. Ultimately you are responsible for payment in full to The Zannis Center for Plastic Surgery.

**Co-payments and Deductibles**. These are due at the time you see the doctor and will be collected day of service. When your insurance company has paid their portion of the charge, any balance due is your responsibility.

## **Other Fees & Revision Surgery**

**No-show Fee.** There will be a \$150 fee assessed and billed to the patient directly for failure to show for a scheduled appointment or failure to cancel a scheduled appointment within 24 hours of the appointment time.

Disability Paperwork. There is \$25.00 fee for completion of disability, leave of absence, and related forms.

**Collections.** Unfortunately, should our billing office fail to collect the balance on a patient's account, we must then place the account with our attorney collections. Should that occur, an administrative fee will be added to your account balance.

**Payment Methods.** We accept payments by cash, check, VISA, MasterCard, or AmEx. Cosmetic Surgery financing is also available through CareCredit<sup>®</sup> and Prosper<sup>®</sup> Healthcare Lending. Returned checks will incur an additional \$35.00 overdraft charge.

**Medical Records.** Copies of medical records will be provided within 30 days of written request. A retrieval fee of \$10.00 for the first 15 pages plus \$0.50 per page for each additional page must be received prior to releasing the records.

**Financial Dispute & HIPAA.** If there are any financial matters in dispute after the fact, patient waives the right to privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines. This is for the purpose of providing documentation to financial institutions involved in the dispute.

**Complication Insurance.** Any post-operative complication requiring return to the operating room in the first 30 days after surgery will be covered free of charge (a \$1,600 value).

**OUR GUARANTEE:** If you need a revision or secondary surgery to achieve superior satisfaction with your results, all additional surgical fees will be reduced by 50% or more.

By signing this document, I the patient agree to and freely consent to the above-stated policies.