

## Financial Policy for Cosmetic Surgery

### 1. Complications/unsatisfactory results:

- a. If acute postoperative complications occur (such as bleeding or infection), we will bill your insurance company for any additional services (such as hospitalization or additional surgery) that may be required. If your insurance company denies payment, Dr. Friedman will not charge you for his professional services. However, you (or your insurance company) will be responsible for additional fees for hospitalization, use of the operating room (including the West Plano Plastic Surgery Center, if used), anesthesia, medications, laboratory studies, and implants (if applicable).
- b. Any surgical revision performed for dissatisfaction with the surgical results will be considered on an individual basis. Dr. Friedman may perform minor "touch-ups" in the office at a nominal charge. However, we reserve the right to charge a surgical fee for any requested surgical revision. Regardless of whether Dr. Friedman charges for his time, you will be responsible for additional fees for hospitalization, use of the operating room (including the West Plano Plastic Surgery Center, if used), anesthesia, medications, laboratory studies, and implants (if applicable).

### 2. Cancellations:

Cancellation WITHOUT rescheduling:

- a. The surgical deposit is nonrefundable.
- b. If you cancel surgery without 2 weeks notice, there will be a nonrefundable charge of \$350 (in addition to the surgical deposit).
- c. If you cancel surgery without 72 hours notice (or you no show for surgery), there will be a non-refundable charge equal to 20% of your total quoted fee (in addition to the surgical deposit).

Cancellation WITH rescheduling: If you cancel your surgery without 72 hours notice or "no show" for surgery, there will be a rescheduling fee of \$500 (in addition to your full surgical fee). This fee will also apply if Dr. Friedman cancels your surgery because you withheld medical information that may affect the safety of your surgery.

### 3. Insurance filing:

This is an out-of-pocket surgical procedure. We will not file this surgery with your insurer; we will not accept payment for the surgery from your insurer; and we will not write a letter of medical necessity. If you choose to file on your own, we are happy to provide you the surgical codes used and the operative note

### 4. Credit card payments:

The cardholder accepts the full responsibility for the amount due to Ronald M. Friedman, M.D., P.A. regardless of the outcome of any procedure. The cardholder agrees not to dispute or attempt to reverse the credit card charges.

I have read and agree to the financial policy for cosmetic surgery.

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

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

Print Name \_\_\_\_\_