



Thank you for choosing us to provide you with medical care in the field of Facial Plastics Surgery. The following is a statement of our financial policy, which we require that you read, agree to and sign prior to any treatment.

Reconstructive Surgery:

Reconstructive surgery refers to surgery performed on abnormal structures caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. This can include surgery to improve function or to give a normal appearance.

Reconstructive procedures may be covered by insurance provided that proper documentation and precertification are obtained. In the event that the planned procedure is reconstructive in nature, the Surgical Coordinator will confirm eligibility and benefits with your insurance company and obtain any necessary recertification. However, even though eligibility has been confirmed with your insurance company, and pre-certification has been obtained it is possible for your insurance company to deny benefits after the surgery. For this reason, we suggest that you also check with your insurance company.

Cosmetic Surgery:

Cosmetic surgery is the reshaping of normal structures on the body to improve self-esteem or the appearance of a patient. Fees for cosmetic surgery procedures are typically not covered by medical insurance because they are not considered to be medically necessary or are specifically excluded as benefits to your policy.

Because we will only submit claims to insurance for medically necessary services, under no circumstances will we attempt to obtain reimbursement for a purely cosmetic procedure. Any attempt to misrepresent a cosmetic procedure for a functional procedure is unethical and could be perceived as insurance fraud.

Cosmetic surgery fees, which include the surgeon's fee and any special supplies, if any, are determined on a case-by-case basis. These fees are due and payable in full in advance. The operating room and anesthesia fees are separate and are in addition to the fees paid to the surgeon. These are paid directly to the surgical facility or hospital as per that entity's policy.

I have read and understand the above information. I agree to be financially responsible for all charges incurred as a result of any cosmetic procedure(s) performed and understand that such charges will not be submitted to my insurance company under any circumstances.

Name

Date of Birth

Address

Signature of Patient or Responsible Party

Date

Relationship of Responsible Party to Patient