

Financial Policy

Welcome to Advanced Plastic Surgery Solutions. We are excited to have you as a patient. We believe that transparency in our financial policies is essential to a good doctor patient relationship, so we have created this financial policy.

Cosmetic Surgery

Cosmetic Consultation: Cosmetic surgery is elective and not covered by your health insurance. If during the course of this consultation it is determined that your desired procedure could be classified as medically necessary by your insurance carrier you have the option to seek medical preapproval for this service.

Fees for cosmetic surgery

Surgery Scheduling Policy

- There are 3 ways to schedule surgery in our office:
 - Standard Surgery Scheduling
 - After your consultation (either in person or a virtual consultation) you can decide on a procedure(s) and a surgery day and time. This requires a nonrefundable \$500 deposit at the time of scheduling. The remainder of your balance is due in full **45 days/6 Weeks** prior to your surgery date.
 - Expedited Scheduling (Fast Track Option)
 - We recognize that we have a long wait time for consultations and surgical procedures so we created the Fast Track Option. This expedites your consultation to an earlier date and places you on our Fast Track surgery scheduling list. We reserve spots on our surgery schedule for people who choose this option. Also, each month surgical procedures are cancelled in a relatively “last minute” manner for various reasons. When this occurs, we will call the first person on the Fast Track list to take that spot. There is no additional cost associated with being on the Fast Track list, but the entire surgical cost is paid up front. Since we have no guarantee of having a cancellation, we cannot guarantee that the Fast Track Option will result in an earlier surgical time.

Surgery Quotes: For the Standard Surgery Scheduling option, you will be provided with a detailed surgery quote on the day of your consultation. For both the Advanced Surgery Scheduling and the Expedited Scheduling option, you will be given a tentative quote. This quote might change after your consultation. The quoted fee is nonnegotiable, and it is effective for a period of thirty (30) days.

Your quote does not include medical clearance charges, medications or labs needed for surgery. If your procedure is to be done at our facility, the quoted fee includes the surgeon’s fee, operating room charges and anesthesia charges. If your procedure is to be done at the hospital or an outside facility, you will incur additional expenses. These may include, but are not limited to operating room charges and anesthesia charges. Any such expenses are the sole responsibility of the patient(s). Dr. Jimerson and/or our facilities are not responsible for any such charges.

Late Fee: At your preoperative visit you will be given an expected time of arrival for your surgery. A 15 minute grace period will be granted. If you arrive past the grace period, you will be charged a **non-refundable \$500 late fee**. If you elect not to pay the late fee your surgery will be cancelled and **NO REFUND** will be issued. The operating room can choose to cancel your case if you are more than 30 minutes late and your total surgery fee including the scheduling deposit is nonrefundable.

Payment options: We accept VISA, MasterCard, Discover, Amex, money order, bank transfers and

cash. We do not accept personal checks. If you would prefer to finance your surgery we can provide you the names of companies that specialize in that service. If you are planning to finance your surgery, it is your responsibility to get the financing processed and finalized in time for payment to be received 45 days prior to your surgery date.

If the patient's surgery is financed by a third-party financial provider, the terms and conditions of the financing agreement, including interest rates, are at the sole discretion of the third party financial provider. In such cases, the financing agreement is binding exclusively between the patient and the third-party financial provider.

If the patient's surgery is financed by a line of credit that is in the name of someone else other than the patient, our facility reserves the right to contact the cardholder in order to verify permission to assess charges on the cardholder's account. This policy applies to all credit accounts and financing institutions. If the cardholder fails to pay all charges, it is the patient's responsibility to complete payment.

Rescheduling Fee: In the event that you need to reschedule your surgery, you must give a minimum of 45 days/6 Weeks' notice prior to your scheduled surgery date. **If you reschedule your surgery date without giving a minimum 45 days' notice, a nonrefundable \$1,000 fee will be collected upon rescheduling your surgery.**

Cancellation of Surgery: A **nonrefundable** deposit (as outlined above) will be collected at the time you schedule your surgery. This scheduling deposit is a reservation fee and will be applied towards your surgery balance. Final payment is required (45) days prior to your scheduled surgery date. **Failure to make this payment on time will cause for cancellation of your surgery. Failure to have your medical clearance completed and in our office 21 days prior to your surgery date will cause for cancellation of your surgery.** No refunds will be issued.

If you choose to cancel your surgery for any reason with less than a 45 day notice from your scheduled surgery date, (unless you are not cleared for surgery by a Physician and cannot reschedule), you are not eligible to receive a refund of any of the money you have put toward your surgery. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when you schedule.

If your surgery is cancelled or rescheduled because of an approved medically acceptable reason, submitted in writing by a consulting physician and acceptable to the practice, **before 21 days of the scheduled surgery, you may be entitled a refund.** If your medical clearance arrives to our office late, requiring cancellation or rescheduling, **within 21 days** of your surgery, you will not be entitled to any refund.

We reserve the right to refuse plastic surgery services for any reason including but not limited to if we deem the patient not physically or mentally healthy enough for such services.

INSURANCE: The expenses connected with cosmetic surgery are not covered by medical insurance. Occasionally cosmetic surgery is done in conjunction with a procedure designed to improve function or is reconstructive in nature. In these cases, your health insurance *may* cover part or all of the incurred expenses.

Although we are happy to assist you with your application for any reasonable insurance coverage, we cannot ethically, and will not, fill out any forms in such a way as to disguise the true purpose of any cosmetic procedures you wish to have done. Furthermore, even in cases that are clearly functional or reconstructive in my opinion, I cannot guarantee that your particular insurance company will agree with my findings and cover your procedure.

If your insurance company declines any of the fees associated with our services to you, even those billed as medically necessary but which were declined by your insurer as being cosmetic, medically unnecessary or an uncovered preexisting condition, you, the patient, are ultimately responsible for all charges incurred. You should consult the terms of your own benefit plan to determine if there is any exclusion or other benefit limitations applicable to the procedure of interest. In this manner, you can ensure all necessary requirements for coverage are known and met.

Treatment and Complications: The practice of medicine and surgery is not an exact science. Although good results are anticipated, there can be no guarantee or warranty, expressed or implied, by anyone as to your results. Surgical revisions and/or other medical treatment or management of problems and/or complications may be required. These will result in additional charges for which you are responsible.

Patient Agreement: I have read and understand the above Financial Policy. I have had the opportunity to address questions about this Policy, and all my questions have been answered to my satisfaction. I agree to be bound by the terms of this Policy. I further agree that, if I default on any obligations under this Policy, I will be responsible for attorney fees, court costs, prejudgment interest allowed by law, and expenses of collection.

Despite payment method, this agreement is binding

Patients First Name:

Patients Last Name:

Date:

Signature: _____