



We consider it a privilege that you have chosen us for your aesthetic rejuvenation and reconstructive goals. We strongly believe that an informed patient is a good patient and that your clear understanding of our Patient Financial Policy is important to our professional relationship. Therefore, we strive to inform you of all the medical aspects of your needs and would like to advise you on our financial policy for surgical procedures.

Scheduling and Cancellation Policy - Cosmetic Surgery / Major Procedures

Our cosmetic consultation fee is \$200.00. A credit card on file will be required to reserve and hold an appointment. Non-emergency cancellations/reschedules require a 48-hour notice. Cancellations with less than 48 hours' notice will result in a charge of \$100.00. No-shows will result in a charge of \$100.00. If the cancellation policy is violated, your card on file will be charged and cannot be refunded or applied towards future appointments. To cancel/reschedule an appointment, please contact the office at 980-949-6544. If it is after hours, please leave a voicemail. Please do not cancel or reschedule via email or DM on Instagram. The quoted fee will include all pre and postoperative visits. The quoted surgical fee does not include any preoperative services you may require, such as x-rays, blood tests, pre and postoperative medications, labs or evaluation by another physician or specialist before undergoing the surgical procedure.

To schedule and hold a cosmetic surgery date a 10% deposit of the surgical fee is required. The deposit amount will be deducted from the total surgery fee. Payment for the remaining balance of the surgery fee is due at the preoperative appointment or two weeks prior to the procedure.

If the surgery is rescheduled within two weeks of your surgery date, there will be an additional non-refundable \$500 rescheduling fee. If the surgery is rescheduled less than seven days prior to your surgery date or the surgery is canceled, the entire surgery deposit is non-refundable. This is done to maintain the continuity of a very valuable and busy schedule. We reserve a considerable amount of discretion in implementing this policy.

Plastic Surgery is an art and occasionally revision will be necessary. There will always be within one year of the original procedure date. No surgeon fees will be charged; however facility and anesthesia fees will apply for the procedure. Dr. Josh Surowitz and Dr. Andrea Garcia reserve the right to determine a revision versus a separate procedure that is being requested.

We do not offer in-office payment plans. We offer our patients two options to secure financing.

- CareCredit®. The CareCredit Card is just as easy to use as a regular credit card and is North America's leading patient payment program. www.carecredit.com.
- United Medical Credit. Loan amount from \$1,000 up to \$35,000. Flexible payment plans tailored to your budget and circumstances. www.unitedmedicalcredit.com.
- There are no refunds on skin care products.

Reconstructive Surgery Procedures

We are committed to providing you with the best care possible. Reconstructive consultation fees will be billed to your insurance company. It is our patient's responsibility to provide our office with current insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We will occasionally request a copy at a later date to update your records so please have your insurance card every time you come to the office. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided to the clinic.

We are in network with Aetna, Blue Cross Blue Shield of NC, CIGNA, UnitedHealthcare, Humana, Medicare and Medcost. In circumstances where our office does not participate in your health insurance plan, the total cost of your visit is expected at the time of service. *Please be aware that if you purchase your insurance through the Marketplace or individually, BCBS of NC has introduced two new plans, "Blue Value" and "Blue Local". Unlike previous plans, we – as well as many other independent physicians – are not allowed to participate.*

As a courtesy, we will file your claims for any reasonable insurance coverage with your primary and secondary insurance carriers. 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 Dr. Surowitz and Dr. Garcia's opinion, we cannot guarantee that your insurance company will 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 are 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 are any exclusions or other benefit limitations applicable to the procedure of interest. In the manner, you can ensure all necessary requirements for coverage are known and met.

We will not become involved in disputes between you and your insurance carrier. We will supply all necessary information to assist you. Please remember that insurance is a contract between you, the patient, and your insurance company.

Some reconstructive procedures require pre-authorization from your insurance carrier. Our office is pleased to provide this service following your consultation. The authorization process may take 4 to 6 weeks. Surgery will not be scheduled until the authorization is received. Please be aware that most insurance plans require separate approval for consultations and procedures. We will gladly assist you in this process, but you must be proactive and ensure that your plan has approved your consultation and procedure.

Co-payments and co-insurance deductibles are due prior to your appointment.

When your insurance company has paid their portion of the charge, a statement will be generated and mailed to you. Any balance due is your responsibility and is due upon receipt of the statement from our office.

Worker's Compensation Claims

Patients being seen as a result of work-related injuries are still responsible for charges incurred at the time of service. Please notify our office if you have such a claim so that prior to the time of your visit we may verify coverage of your charges by your employer if not already done at the time of making the initial appointment. We will make every effort to collect your charges from your employer or their worker's comp insurance carrier, but if we cannot verify coverage, you will be responsible for payment of your charges. Also, if your employer does not remit payment for your charges within a reasonable period of time, we will have no choice but to bill you directly.

Scheduling and Cancellation Policy – Injectable Treatments

There is a consultation fee of \$100. A credit card on file will be required to reserve and hold an appointment, this applies to existing and new patients. Non-emergency cancellations/reschedules require a 48-hour notice. Cancellations with less than 48 hours' notice will result in a charge of \$100.00. No-shows will result in a charge of \$100.00. If the cancellation policy is violated, your card on file will be charged and cannot be refunded or applied towards future appointments. If we do not have a credit card on file, the cancellation or no-show fee will remain outstanding in your account and will need to be paid prior to booking future appointments. In the event of more than 1 no-show, you will be unable to schedule future appointments. Appointments must be rescheduled if arrival time is 15 minutes or more late to appointment time. To cancel/reschedule an appointment, please contact the office at 980-949-6544. If it is after hours, please leave a voicemail. Please do not cancel or reschedule via email or DM on Instagram.

We accept cash, CareCredit and the following major credit cards: Visa, Discover, Mastercard, and AMEX. There is a 3% surcharge when using a credit card with our office to cover credit card processing fees. We accept checks for surgical procedures that are at least two weeks from the date of surgery.

We charge a \$35 service fee for all returned checks (surgeries only).

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 of \$35 will be added to your account balance.

Our financial policy is subjected to change at any time.

Date: _____

Patient Signature: _____

Patient Printed Name: _____