



BREVARD PLASTIC SURGERY AND SKIN TREATMENT CENTER FINANCIAL POLICY

Thank you for choosing our office for your aesthetic needs. As you make your decision on cosmetic surgery, you may need information about the various payment options available. Janet, my patient care coordinator, will be happy to meet with you and provide you with the specific information you require. We accept personal checks, money orders, credit cards (Visa and Mastercard), cashier's checks, or cash, as methods of payment. In addition, we work closely with Care Credit (www.carecredit.com), a finance company, and can assist you when applying for financing.

Your initial consultation appointment requires a fee of \$75.00. For extensive and very involved consultations, fees up to \$150.00 may be charged. This payment is due at the time of service. If you decide to move forward with your surgery, the consultation fee is applied to your surgery balance. If you need to reschedule your consultation appointment, we request 48 hours notice. A non-refundable credit card (or other) deposit will be required for consultations rescheduled after a missed appointment in which no such notification was given.

Once you have decided to schedule a surgery, a \$500.00, non-refundable deposit will be collected in order to reserve the time on our schedule and the schedule at the surgery center. This fee is applied to your surgery.

A pre-operative appointment is performed prior to surgery, during which your overall health is reviewed, photographs are taken, information is given about the protocols required by the surgery center, and prescriptions and pre and post-operative instructions are given. At this time, the surgery fee is due in full. These appointments are generally 2 weeks prior to the actual surgery date.

Dr. Guy is not affiliated with any insurance plans (including Medicare). Therefore, all fees must be paid in full at the time of your pre-operative appointment. Insurance companies do not typically cover cosmetic surgeries. Benefits paid by insurance companies for reconstructive plastic surgery vary greatly from carrier to carrier and from plan to plan. Payments to non-participating providers also vary. This is information you should discuss with your own carrier prior to surgery. We can provide you with a bill for services, if necessary, to make your claim.

Occasionally, after treatment or surgery, complications may occur or revisions may be necessary. Fees for complication-related surgery or revisionary surgery may be reduced, but will be applied. In addition, fees for the surgical facility and anesthesia will be required. Please refer to our financial policy regarding revisions or complications.



**BREVARD PLASTIC SURGERY AND SKIN
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FINANCIAL POLICY (continued)**

To augment our surgical services, we have two wonderfully skilled aestheticians, Rachel Asfar and Norah Chouinard. They can perform several services to optimize your skin health and beauty. Should you schedule a service with an aesthetician, and need to cancel or reschedule, we request 48 hours notice. Should a service appointment be missed without notification, future services will require a non-refundable credit card (or other) deposit to reserve the time.

We carry a few skin care products for purchase. These have been carefully selected by us for their effectiveness and medical grade effects. Dr. Guy highly recommends a complimentary skin care consultation with one of the aestheticians prior to the purchase of products, so that you have the benefit of the aesthetician's advice and expertise. If questions arise about the products, the aestheticians are happy to answer your questions and guide your therapy. Please note that skin care products are not returnable after they have been opened and refunds are not given for opened products.

Administrative fees will be added to accounts in which a check has been returned or a collection agency has been engaged.

I have read and understand the financial policy of Dr. Roxanne Guy and Brevard Plastic Surgery and Skin Treatment Center. I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered. I certify that the information provided by me on the patient registration form is true and correct to the best of my knowledge.

PATIENT SIGNATURE

DATE