



PAYMENT POLICIES

Thank you for choosing our practice to help with your surgical needs. The following policy has been developed to be fair to everyone including you, other patients waiting for surgery, anesthesiology staff who takes time off from their regular full-time hospital-appointed positions, our office staff, and your surgeon.

DEPOSIT

For cosmetic procedures, a **\$500 deposit** is required at the time of scheduling. If procedure is cancelled/rescheduled within 14 business days prior to your surgery date, or cancelled/rescheduled your surgery twice, this deposit becomes non-refundable.

Initial

For insurance-covered procedures, a **\$50 deposit** is required at the time of scheduling. If procedure is cancelled/rescheduled within 14 business days prior to your surgery date, or cancelled/rescheduled your surgery twice, the deposit is non-refundable.

Initial

For Facial Fillers, (Restylane/Perlane/Juvederm) injections, a **\$100 deposit** is required at the time of scheduling. If the appointment is cancelled/rescheduled twice or no show, the deposit becomes non-refundable.

Initial

RESCHEDULING

We understand events may arise which may make it impossible for you to keep your surgery appointment. Please communicate all cancellations directly to our Surgery Scheduler, or our Office Manager, **Ms. Betty Broussard**.

Please give us as much notice as you can. Depending upon whether we have enough notice to fill your spot and/or whether significant insurance-covered or hospital-based procedure leg-work needs to be duplicated, a repeat deposit may be required to reschedule your procedure.

Initial

PAYMENT DUE

Full payment of your responsibility for surgery is required on the Friday before the week of your surgery. For insurance-covered procedures, we will provide you with our very best **ESTIMATE** based upon anticipated surgical procedures, the most current information from your insurance company on your out of pocket expenses met to date and fee schedules. If you are using an anesthesiologist in our office, then full payment for this service is required on the Friday before the week of your surgery as well.

If you decide you would like to pay by check, it will be due 2 weeks prior to the Friday before the week of your surgery.

Initial

CREDIT CARD PAYMENTS

We are happy to accept credit card payment at no additional charge to you. However, if you must cancel or reschedule your surgery *and you require a refund processed on your credit card*, then we must pass along to you a nine percent **(9 %) processing fee** to cover state franchise taxes and the intermediary charges.

Initial

Signature of Patient (or legal representative)

Printed Name of Patient (and legal representative, if applicable)

Date