



## Financial Policy

Thank you for choosing The Choe Center for Facial Plastic Surgery for your cosmetic needs. Our goal is to make your surgical experience a pleasant one. For your convenience, and to avoid any future confusion, we would like to outline our financial policies and procedures for you.

### **Consultation:**

**A cosmetic consultation** is scheduled from your initial telephone call. This consultation is designed for you and Dr. Choe to meet and discuss your surgical needs, outline the procedure, and inform you of the fees. Dr. Choe does not accept any insurance and you will be responsible for all charges. **There is a fee of \$95 for the consultation but if you decide to have surgery it will be deducted from your surgical fee.**

### Payment Options:

We accept Visa, MasterCard, American Express, personal checks and cash for insurance co-pays. Please be aware that we will add a \$30.00 charge to your account for returned checks. We reserve the right to send all accounts with balances over 60 days old to an outside collection agency. All accounts sent to collections will be charged a \$20.00 processing fee and any additional fees associated. You may be responsible for all reasonable collections and attorney costs incurred.

### Scheduling

After your consultation, if you decide to go ahead with surgery you will work with our patient care coordinator to select a date for your surgery.

### **Pre-Payment**

There is a deposit required before the date selected can be reserved exclusively for you. The deposit is \$1000.00. This is a non-refundable deposit. This fee is used to cover the booking and scheduling expenses involved with your surgery. This amount will be deducted from your total cost.

### **Pre-Surgical Visit**

Prior to surgery, preferably two (2) weeks, you will meet with the nurse and Dr. Choe. Our nurse will explain all pre-operative instructions, order lab tests required, review your surgical procedure and post-operative limitations with you, and give you your post-operative prescriptions with instructions for their use. Post-operative appointments are scheduled at this time. Any questions you may have will be answered at this consult.

### **Surgery Final Payment**

Two (2) weeks prior to surgery, you will be expected to pay the remaining balance due on your account. We accept: Visa, MasterCard, American Express, Discover, Money Orders, Cashiers or personal Checks.

**Cancel Policy:** If for any reason, medical or personal, you cancel two weeks or less prior to your scheduled surgery date fees will be charged as follows:

- Two (2) weeks prior to surgery – 50% of your surgery fee for expenses incurred.
- One (1) week prior to surgery – 100% of surgical fee

I have read the above and agree. All questions have been answered to my satisfaction.

Financial Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_