**COSMETIC/SELF-PAY FINANCIAL POLICY**

A fee of $75 is charged for all cosmetic consultations. If a cosmetic procedure is done following the initial consultation, the $75 consultation fee will be applied to the cost of the procedure. **The consultation fee is nonrefundable.**

As you consider and /or approach your surgery, you most likely have questions regarding payment for services. It is important to get the information necessary to answer those questions **prior** to your surgery in order to avoid any misunderstanding and/or confusion. For cosmetic surgery procedures, a written estimate of the procedure will be provided to the patient, and will include charges for appropriate anesthesia and facility fees.

# SURGERY PAYMENTS

1. **Non-Refundable Deposit**: Fifty percent (50%) of the total cost of the cosmetic procedure is due at the time of the booking of your surgery, ten percent (10%) of which is nonrefundable.
2. **Included in surgical fee for cosmetic procedures and/or self-pay procedures**: The surgical fees include all pre and post-operative visits, related to the procedure, for one year from the date of the surgery.
3. ***Not included* in surgical fee for cosmetic procedures and/or self-pay procedures**: laboratory fees, radiology fees, prescriptions or other testing procedures such as EKGs.
   1. Additionally, please note that should a hospital admission or additional surgery(ies) be necessary following your initial surgery due to a complication or unrelated event, the initial surgical fee will not cover those costs. Many insurance companies will not cover hospital or medical costs for complications associated with cosmetic surgery. It is advisable to check with your insurance carrier prior to your surgery regarding their policies related to cosmetic surgery.
4. **Insurance Coverage**: It has been our experience that the majority of cosmetic procedures are not covered by insurance plans. However, benefits paid by insurance companies do vary; therefore, you should check with your carrier regarding coverage for cosmetic surgery.

**PLEASE NOTE: Dr. Yerukhim will NOT submit any claims for a cosmetic and/or self-pay procedure on your behalf to any insurance carrier. You are completely responsible to Dr. Yerukhim for the full amount of your bill.**

**Please refer to the Procedure Quote provided to you for additional information regarding your specific service.**

**Balance Due**: The surgery balance is due in full two (2)weeks prior to the date of your procedure. All fees (Physician, Surgery Facility and Anesthesia) will be collected by the staff at Dr. Yerukhim’s office.

# PAYMENT OPTIONS

We accept the following forms of payment; use of a combination is acceptable:

# Cash

* **Personal Check:** In the event that we receive a notice of Insufficient Funds, we will be required to charge an additional fee of $25 plus institutional charges and require that the fee and the original amount be paid in cash.

# Money Order or Cashier’s Check

* **Credit Cards:** Visa, Master Card, Discover or American Express
* **Financing Plans:** We accept payment from Care Credit ([www.carecredit.com](http://www.carecredit.com))

**CANCELLATION POLICY**

Any initial cosmetic consultation that is not cancelled within 24 hours of the scheduled appointment, may be charged a fee of $75.00.

We understand that a situation could arise which would require you to postpone your surgery. However, please understand that a cancellation/postponement affects many individuals, including the healthcare professionals scheduled for your procedure, as well as other patients. Therefore, we would ask that as soon as you become aware of the need to cancel/postpone your surgery, you notify our office at once.

Please keep in mind that your 10% deposit is non-refundable; however, in the event that it is unavoidable for you to postpone your surgery, we will apply your deposit to your new surgery date if it is within six (6) months of the original procedure date.

If at the time of the cancellation/postponement, you have paid the full amount, we will refund the amount remaining, after the 10% deposit and any processing/cancellation fees are deducted. However, if you choose to reschedule your surgery within six (6) months of the original surgery date, the funds will be applied to the new surgery date. Please note that we will only be able to offer this courtesy for one cancellation.

# INDEPENDENT PRACTITIONERS

**Dr. Michael Yeurkhim does not employ the anesthesia provider nor the providers of services rendered to you at hospitals and/or outpatient facilities. Dr. Yerukhim, the anesthesia provider and the hospital/surgery centers are independent entities, each exercising independent medical/nursing/health-related practices and judgment and each separately bill for their services.**

**Should you encounter complications arising from the surgery you will be undergoing may not be covered by your insurance carrier. It is your responsibility to contact your insurance carrier to determine as to what extent there may or may not be coverage for your surgery and/or complications that may arise from your surgery.**

**I HAVE READ THIS THREE (3) PAGE DOCUMENT, HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, AND CLEARLY UNDERSTAND THE FINANCIAL POLICY OF DR. MICHAEL YERUKHIM REGARDING MY SCHEDULED COSMETIC SURGERY AND THE INDEPENDENT NATURE OF THE HEALTHCARE PROFESSIONALS INVOLVED.**

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| --- | --- | --- | --- | --- |
| **Patient Signature** |  | **Print Name** |  | **Date** |
| **Parent/Guardian Signature** |  | **Print Name** |  | **Date** |
| **Witness Signature** |  | **Print Name** |  | **Date** |