



FINANCIAL POLICY

Thank you for choosing Atlanta Surgical Arts. We are committed to providing the best care for our patients and making your experience a positive one in every way we can. You most likely will have questions regarding payment for service. 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. We ask that you read through the financial policy and sign at the bottom prior to treatment.

PAYMENT POLICY

1. **Deposit:** A \$500.00 deposit is due at the time of booking surgery. In the event, you cancel less than 7 days of the scheduled surgery date; the deposit fee will be forfeited.
2. **Included in surgical fee for cosmetic procedures and/or self-pay procedures:** The surgical fees include all pre and post-operative visits for up to one year from the date of the surgery.
3. ***Not included* in surgical fee for cosmetic procedure and/or self-pay procedures:** laboratory fees, radiology fees and other testing procedures such as EKGs.
 - a. Please note that should a hospital admission or additional surgery 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: Atlanta Surgical Arts will NOT submit any claims for cosmetic and/or self-pay procedures on your behalf to any insurance carrier. You are completely responsible to Atlanta Surgical Arts for the full payment amount on your bill.

**PLEASE REFER TO THE ESTIMATE OF TREATMENT QUOTE
PROVIDED TO YOU FOR ADDITIONAL INFORMATION
REGARDING YOUR SPECIFIC SERVICE**

1. **Balance Due:** The surgery balance is due no later than 10 days prior to the date of your procedure. All fees (Physician, Surgery Facility and Anesthesia) will be collected by your surgery coordinator at Atlanta Surgical Arts.

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 \$30 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 and American Express
- Financing Plans: We accept payment from Care Credit and Prosper

CANCELLATION/ MISSED APPOINTMENT POLICY

We understand that a situation could arise which would require you to postpone your appointment or surgery. However, please understand that a cancellation/postponement affects many individuals including the healthcare professionals scheduled for your appointment/procedure as well as other patients. Therefore, we would ask a 48 hours notice of cancellation for scheduled office visits as a courtesy to the doctor, staff and other patients.

Please keep in mind that your deposit is non-refundable, if surgery is cancelled less than 7 days before the procedure date. However, in the event that it is unavoidable for you to postpone your surgery, we will apply your deposit to your new surgery date. We reserved the right to bill you a reasonable fee for missed appointments without prior notice.

MINOR PATIENTS

Parents or guardians are responsible for all charges for minor children.

Please let us know if you have any questions regarding our Financial Policy.

I have read the Financial Policy; I understand and agree to this Financial Policy.

X _____
Signature of Responsible Financially Person

Date

Please Print Full Name

