



Payment of Your Surgical Procedure

Patient's Initials

_____ **WHEN ARE FEES DUE:** Your surgeon's fees must be paid no later than your pre-op appointment. If you have not made other arrangements with your patient counselor or the business office prior to this appointment, please come prepared to pay your surgeon's fee IN FULL the day of your pre-op appointment! Fees can be paid by cash, cashier's check, or credit card (Visa, MasterCard and Discover); we **DO NOT ACCEPT** personal checks or American Express credit card.

_____ **WHO DO I PAY:** You will pay the "surgeon's fees" directly to Gulf Coast Plastic Surgery at your pre-op appointment. You will pay "OR/Facility & Anesthesia fees" directly to the facility where you are having your procedure. This is typically at your preop appointment at the hospital or the day of surgery at the surgery center.

_____ **WHAT DO FEES INCLUDE:** The quote for your procedure includes a pre-op appointment, all post-operative appointments, post-operative bag and garment as well as surgeon's fee. The anesthesia fee and OR/facility fee, where applicable, are also included (NOTE: these are only estimates). You could receive an additional bill from anesthesia and/or OR/facility.

_____ **WHAT DO FEES NOT INCLUDE:** Medical clearances, lab studies, x-rays, EKG, mammograms, post-operative prescriptions, unanticipated expenses, hospitalization, wound healing devices, pathology fees, additional treatments, fees or revisional surgery that may incur.

_____ **COSMETIC BREAST REDUCTION PATIENTS:** All breast tissue removed will be sent for pathology. There is the possibility of additional fees/bills from the lab AND the pathologist; these are the patient's responsibility. Ask your patient counselor for estimates.

_____ **WHAT ABOUT INSURANCE:** Expenses related to cosmetic surgery or complications from cosmetic surgery are not usually covered by medical insurance and are the patient's responsibility.

I have read the above statements and understand my responsibilities regarding payment of my procedure(s).

Signature - Patient

Print Name

Date