

MELANIE PRINCE, MD

PLASTIC SURGERY

Financial Policies

Appointment Cancellation Policy: Prince Plastic Surgery is committed to providing each of our patients with exceptional care. When a patient cancels without giving enough advance notice, they prevent another patient from being seen. Please call our office two business days prior to your scheduled appointment to notify us of any changes or cancellations.

Consultation Appointments: If two business days prior notification is not given, the \$100 consultation fee will be forfeited. If greater than two business days notification is given, the \$100 consultation fee will be converted to an in-office credit that can be used on other products and services.

All payments are expected at the time of service: Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-insurance and co-payments for participating insurance companies. We accept cash, personal checks (in-state only), credit/debit card, Care Credit, and PatientFi. Refunds needed for credit/debit card purchases will be issued to the card that was used at the time of payment. Care Credit and PatientFi are accepted for cosmetic services only.

Credit Card on File Authorization: For your convenience, our office can keep your credit card information on file for any future charges you may incur. Your card will automatically be charged for each account balance as it occurs. It is your responsibility to notify us of any changes to the credit card information provided. This service is optional and is not required and may be cancelled at any time by submitting a written request. Please initial one of the following:

- Please keep my credit card information on file. I authorize Prince Plastic Surgery to charge my card for all future services and fees.
- I prefer to receive paper statements for any future services.

Insurance: Your insurance card and photo ID must be presented at your initial visit; otherwise, full payment will be due. You are responsible for getting a referral, if needed, from your primary care physician. You are also responsible for determining if Dr. Melanie Prince is in-network or out-of-network with your insurance company. If you are being seen for a medically necessary condition or procedure, your insurance will be billed for all applicable visits, including initial consultation. As a service to our patients, our office will submit charges for medical / surgical treatments to the patient's insurance company. However, the patient is primarily responsible for paying any and all medical expenses incurred. You are expected to pay your deductible and co-payments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you are expected to pay the balance in full. You are responsible to be sure all charges are paid.

We attempt to verify in advance that your insurance company will pay for specific medical procedures. On occasion, even though coverage was verified before the medical / surgical services were provided, the insurance company can deny the claim. If your claim is denied, you are personally and fully responsible for payment in full within 30 days.

Cosmetic: All cosmetic fees must be paid prior to service. To schedule surgery, a deposit of \$1,000 is required to reserve operating room time, which will be applied to your balance. The deposit is refundable for up to six weeks to the calendar day of your procedure, and thereafter becomes non-refundable. The deposit must be paid with either cash, check, or credit/debit card. Care Credit and PatientFi will not be accepted for the deposit. The remaining balance must be paid six weeks prior to surgery and may be paid by any method you choose. If payment has not been received, surgery may be cancelled, and the deposit will not be returned. If surgery is cancelled with less than a six week notice, the entire surgery fee becomes nonrefundable.

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Revisions: It is the hope and plan that patients are happy and satisfied with their surgical results. Unfortunately, there are no guarantees that this will happen, and there are times when patients will need surgical revisions to achieve the desired outcome. Everyone heals differently, and there are many variables that affect the outcome of the procedure. These include genetic background, age, skin condition, medical condition, smoking, excessive alcohol intake, excessive sun exposure, proper nutrition, and adequate rest. Revisions deemed necessary by Dr. Prince may be done at a reduced rate if all patient appointments are kept, all recommended post-operative treatments are followed, and weight is within 5 lbs. of surgical weight. You will still be responsible for the Operating Room, Anesthesia, and supply fees. The revision procedure must take place within a year of the original surgery date. A year after the initial surgery, any requests for revision will be a new surgery.

Dr. Prince strives to exceed expectations; however, there are some situations that are outside of her control and would not qualify as a revision:

- Capsular contracture after Breast Augmentation.
- Relaxation of the breasts skin that occurs over time.
- Change of preference regarding implant size or shape.
- Weight gain after liposuction / abdominoplasty with desire for additional fat and/or skin removal.

We hope that no complications arise, and no surgical revisions are necessary. However, no plastic surgeon can guarantee this to their patients. It is important the patient undergoing an elective surgical procedure understands this financial policy.

Additional Information: *Disability forms:* There will be a \$25.00 service charge for those requiring disability form completion. This will be due prior to the forms being sent. *Returned check:* There will be a \$25.00 service charge on any returned checks. *Rescheduling:* If your surgery must be rescheduled with less than a one-month notice, a \$1000 rescheduling fee will be charged.

If you have any questions regarding this policy, the office team would be happy to discuss it with you.

Signature: _____ **Printed Name:** _____ **Date:** _____