



Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex ☐ M ☐ F

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

## Procedure Payment Policy for Cosmetic Procedures

At our facility, we perform elective procedures that are not covered by insurance or healthcare reimbursement programs. So please be aware that, under no circumstances, does this office file insurance claims for elective cosmetic procedures. You, the patient, will be financially responsible, in accordance with this Procedure Payment Policy, for any elective cosmetic procedures performed at TriHealth Cosmetic Surgery and Rejuvenation Center. When there is a medically necessary procedure that is performed in conjunction with a cosmetic procedure, there will be additional associated bills due to the medical portion being submitted to insurance.

\* \_\_\_\_\_ (patient initials) Cosmetic surgeries, procedures, aesthetic services or products are not covered under health insurance. The TriHealth Cosmetic Center does not accept insurance payment for any cosmetic surgeries, procedures, services and products rendered at the Center and will not assist patients in attempting to obtain insurance payment coverage for cosmetic procedures. The Cosmetic Center will not assist patients who may be seeking reimbursement after surgery or for any procedure.

**No Show Policy:** A credit card is required to schedule an appointment. A \$100 administrative fee will be charged to your card on file if you do not arrive for your appointment or cancel with less than 24 hours' notice.

**Cost Estimate:** You will be given a quote for the anticipated procedures on the day of your initial consult. Surgery payment is due four weeks prior to surgery. In-office procedural payment is due upon scheduling.

**Pre-Payment for Procedure/Surgery:** Payment will be due four weeks prior to the scheduled procedure/surgery. Because these times are reserved specifically for you, if you need to cancel the procedure/surgery less than three weeks prior, 50% of the total cost is forfeited. If the procedure/surgery is cancelled less than two weeks prior, 75% of the total cost is forfeited. If the procedure/surgery is cancelled within less than 72 hours, then the total cost is completely forfeited. In the event surgery is postponed by our office due to a patient medical condition, inclement weather or unforeseen circumstances, every effort will be made to reschedule and accommodate you, or a full refund will be issued. A full refund will also be offered if the physician deems that the remaining treatments in a package are not advisable or required for the finished result.

**Revisions:** When performing cosmetic surgery, our goal is to help you achieve your desired outcome. Occasionally surgical revisions may be necessary to obtain optimal results. When this need arises, you will be charged fees associated with the costs of performing these revisions.

\* \_\_\_\_\_ (patient initials) In the event of an undesirable surgical result that requires surgical revision, this will be provided at the lowest possible cost to you. We are unable to waive all fees entirely.

\* \_\_\_\_\_ (patient initials) Price adjustments cannot be made after purchase to accommodate discounts that were not mentioned at time of service. If you are a TriHealth employee or spouse of TriHealth employee, Alle member or Pavilion member, you must request this discount upon check out.

\* \_\_\_\_\_ (patient initials) If pre-surgical testing is found to be medically necessary prior to surgery, you will be responsible for the associated fees. If additional lab work or pathology (such as breast tissue or any other tissue the hospital may find necessary to send to their pathology department) is needed pre- or post-operatively, the lab will bill you or your insurance plan. As prescription medications vary from patient to patient, they are not included in the price of the procedure/surgery.

Patient's Signature (Parent if patient is minor)

Date