



FINANCIAL POLICY

Thank you for choosing Main Line Plastic Surgery for your plastic surgery needs. We appreciate you entrusting your care to us.

RESPONSIBILITY

In deciding to undergo cosmetic surgery, you understand that the surgery is not covered by your medical insurance and that the fees for cosmetic surgery must be paid in full two (2) weeks before the date of surgery. If you need to cancel surgery for any non-medical reasons you will incur fees as outlined below.

We will assist you in applying for financing if this is a need. This is a service we offer our patients. It is YOUR responsibility to fully understand the financing options before you apply. You remain legally and fully responsible for your entire bill.

INSURANCE AND COSMETIC SURGERY

Cosmetic Surgery procedures are NOT covered under health insurance. Any attempt to obtain insurance payment for these services is fraudulent. Our office will not assist anyone attempting to defraud an insurance company, this office, or any other entity. Attempting to defraud an insurance company, this office, or any other entity may result in civil and/or criminal penalties.

TREATMENT COMPLICATIONS AND REFUNDS

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be advised, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good or how careful the doctor and team are. Examples of problems that may be encountered are bleeding, unfavorable scarring, asymmetry or contour abnormalities after a surgical procedure. In any of these cases, it may be necessary to return the patient to surgery, either on an emergency (as in the case with bleeding) or elective basis. If revisional surgery occurs, the patient is responsible for the surgeon's fee, facility fee, and anesthesia fee.

REVIEW POLICY

We strive to provide you with exceptional care and results. We appreciate your referrals and review of our practice. In the rare instance that you are dissatisfied we will address your concerns in a private and personal matter that will always protect your private information. In addition, you understand the reputation of our business is important and that negative reviews online can be viewed as slanderous and detrimental to our business. As our patient, you agree not to post negative reviews online.

SCHEDULING YOUR PROCEDURE

In order to schedule your office procedure/surgery with Main Line Plastic Surgery, we require a \$1,000.00 deposit. The remaining balance will be due in full two weeks prior to your procedure at your PreOp appointment. Significant time and resources are dedicated to your surgery, therefore \$500 of the deposit will be non-refundable if a surgery is **cancelled and not rebooked** 21 business days or more prior to your scheduled surgery date. Surgeries that are rescheduled will incur a fee as listed below:

- **If surgery is rescheduled 14 business days or more prior to your surgery you will be charged \$100 reschedule fee.
- **If surgery is rescheduled 2-13 business days prior to your surgery you will be charged a \$500 reschedule fee.
- **If surgery is rescheduled 48 hours or less prior to your surgery, will be charged a \$1000.00 reschedule fee.

CANCELLING SURGERY

It is important to understand that surgical times are in high demand. Due to the block of time and preparatory work dedicated to your surgical procedure, last minute cancellations cause significant added expenses and scheduling difficulties for our office.

**All cancellation requests are required in writing to our office.
Either email: staff@mainlineplasticsurgery.com or fax to: 484-388-4388**

- *If surgery is cancelled and not rescheduled within 15-20 business days prior to surgery you will be charged \$1000.00
- *If surgery is cancelled and not rescheduled 2-14 business days prior to surgery you will be charged 50% of your professional fee.
- *If surgery is cancelled and not rescheduled in less than 48 hours prior to your surgery, you will be charged 75% of your professional fee.

Signature _____

Date _____

Patient Printed Name _____