



Financial Policy

Gregory, A, Buford, M.D., F.A.C.S.

We believe our financial policies represent sound business practices which allow us to provide high quality, cost effective care to our patients. Financial problems should never be a barrier to your treatment, as quality care to you is our primary concern. Please understand that payment of your account is an important aspect of the service you receive here. We accept cash, check, Visa, MasterCard, American Express & Discover. Cosmetic surgery can be financed through an authorized agency. Credit is not extended by our office, nor do we allow for payment plans.

The following is a statement of our **FINANCIAL POLICY**, which we require you sign as consent and understanding of the financial policy prior to treatment.

COSMETIC SURGERY

Our practice believes in giving our cosmetic patients a quote that most accurately reflects the cost of the surgery. The time for your cosmetic surgery may take longer than is reflected on the quote. Charges for additional time are billed directly by the surgery center or anesthesia service and are the responsibility of the patient.

Payment is due in full for cosmetic surgery or in-office procedures the day of the patient's pre-operative appointment with the surgeon.

Deposits are required to secure an available time for your specific surgery in our physician's schedule. Cancellations of a surgery by the patient will result in the deposit **not being refunded**. Upon your decision to re-schedule a surgery time, another non-refundable deposit will be required.

Complications after cosmetic surgery are generally not payable under your insurance plan. We encourage you to check with your carrier to determine if complications from cosmetic surgery will be covered. The facility, anesthesia and supplies incurred during surgery for revision due to complications are the responsibility of the patient. If you choose additional surgery to achieve a larger or smaller breast size after breast augmentation or because of asymmetry, the surgeon's fee, including facility, new implants and anesthesia is your responsibility.

REGARDING INSURANCE PLANS

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. You should direct any questions or concerns regarding your insurance coverage to your insurance carrier.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients. Our charges are based in the median range on what is usual and customary for our specialty and geographic area. You are responsible for payment regardless of your insurance company's arbitrary determination of usual and customary rates.

DISMISSAL FROM PRACTICE

Patients that do not comply with this financial policy are forwarded to our collection agency. A \$100.00 fee will be assessed for all returned checks. You no longer have the privilege to schedule appointments with our practice and forfeit any future appointments already scheduled.

I HAVE READ AND UNDERSTAND THAT MY COMPLIANCE IS NECESSARY UNDER THE FINANCIAL POLICY OF THE CENTER FOR PLASTIC AND AESTHETIC SURGERY, P.C.

SIGNATURE

DATE

REVISED 3/8/18