BESANA HEALTH & WELLNESS

Atagi Plastic Surgery and Atagi Skin Aesthetics

Financial Policy

_____**Initials** A Non- Refundable, pre-paid consultation fee of $125 is payable at time of scheduling. This fee cannot be transferred to other products and/or services and ONLY will be deducted from the cost of surgery.

_____**Initials** A **NON-REFUNDABLE** deposit for the surgeon's fee is due upon scheduling surgery. This deposit is non-transferrable to other products and/ or services.

_____**Initials** Full payment is due at the time of the pre-operative appointment. Failure to provide payment at this appointment will result in surgery cancellation.

_____**Initials** I understand that if I would like insurance reimbursement, it is my responsibility to submit a claim. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify, medical record submission, answer letters of appeal, or peer to peer communication.

_____**Initials** Anesthesia services, facility fees, and surgical assistant services are charged on an hourly basis based on Dr. Atagi's *best estimate* of time prior to surgery. Additional charges will be incurred should the procedure(s) take longer than anticipated.

_____**Initials** **W**e understand that situations may arise that require you to reschedule your surgery. Because significant time is required for the staff to reschedule your procedure, a non-refundable scheduling fee of $500 will be assessed each time you reschedule. This fee will not be applied toward the cost of your surgery.

_____**Initials** In the event surgery is cancelled fourteen days prior to surgery, fifty percent of the surgeon's fees are **NON-REFUNDABLE.** Cancellations seven days or less, one-hundred percent of the surgeon's fees are non-refundable and will not be applied towards rescheduling.

_____**Initials** In the event of surgical complications additional costs including but not limited to Dr. Atagi's fees, operating room, anesthesia, surgical assistant, hospital admissions, emergency room visits, laboratory tests, imaging studies, and surgical interventions may be incurred.

_____**Initials** In the event breast implant encapsulation (excessive scar around a breast implant) results in the need for surgical intervention, additional costs including but not limited to Dr. Atagi's fee, operating room, anesthesia, surgical assistant, laboratory tests, imaging studies and any implant(s) will be the responsibility of the patient.

_____**Initials** Post-operative appointments will be covered for one year following any procedure performed by Dr. Atagi. Each additional appointment after one year will incur a $75 charge. If your procedure was performed by another physician and Dr. Atagi is following you post-operatively there will be an office visit charge of $125 per visit.

_____**Initials** Returned checks will incur a $25 handling fee.

I certify that I have read and fully understand Dr. Atagi's financial policies. I agree to be personally responsible for all payments.

Patient/Responsible Party's Signature: _____ Date: _____

Patient Coordinator: _____ Date: _____