



FINANCIAL POLICIES FOR NEW YORK SURGICAL ARTS

Patient Name: _____

Procedure: _____

We are delighted that you have chosen our facility for your cosmetic surgery needs. At this time, we would like to share our financial policies with you to assure that you have the best surgical experience possible.

1. The total fee of \$_____ includes surgical fees (including anesthesia fees), post surgical care (including all follow up appointments). The fee does not cover the cost of laboratory tests and garment. It is advisable to purchase an extra garment after the procedure since your body will go through a change.

Patient Signature: _____

2. 50% of your surgical fees are due when you schedule a surgery date unless otherwise arranged by management.
3. **Your final balance is due two (2) weeks prior to your surgery date.** If payment is not received two (2) weeks prior to surgery, your surgery may be postponed or cancelled.
4. Should you need to cancel your procedure two weeks prior to your surgery date you will be charged 25% of the total cost of your procedure.
5. Should you need to cancel your procedure one week prior to your surgery date you will be charged 50% of the total cost of your procedure.
6. If you fail to show up on the day of surgery, you will be responsible for 100% of the procedure cost.
7. Should you cancel your procedure before your medical clearance, you need to give the office three weeks notice from the day of cancellation before your deposit is refunded.
8. If bloodwork or any other medical problems prohibit surgery, the above cancellation policy may be modified on an individual basis.
9. Deposits are non-refundable four months of not booking your procedure.

_____ Initials



10. When requesting a refund, we will need at least three week's notice to begin processing the refund.

_____Initials

11. If any portion of your bill is paid with a credit card, you give consent to this office to speak to your financial institution regarding the charges and services rendered.

_____Initials

12. The patient is responsible for the cost of pre-operative blood work, pathology exams (if applicable) and any medical consultation that are required.

13. We accept all major credit cards, cash or check. We also offer patient financing through United Medical Care and Prosper Healthcare. We are happy to provide you with information regarding these programs.

PRESCRIPTION MEDICATIONS ARE ADDITIONAL AND NOT A PART OF YOUR FEES FROM OUR SURGERY CENTER.

If you have any questions regarding the financial policies, please notify our Practice Manager. We appreciate your business and look forward to helping you achieve your cosmetic goals.

Thank You,

New York Surgical Arts Management

Patient Signature

Date