

Benedetti Cosmetic Surgery, P.A.
Financial Policy

Payment is due in full at the time of service for all office visits, ancillary services and products. We accept cashiers checks, money orders, Visa and MasterCard for your convenience. Personal checks are not accepted.

Financing Options

Financing is available through Reliance Finance Company and CareCredit payment plans.

Insurance

Benedetti Cosmetic Surgery does not accept 3rd party reimbursement. Fees are the sole responsibility of the patient.

Surgical Payments

The surgeon's fee for all surgical procedures will be collected in full two (2) weeks prior to the surgery date. A deposit of 10% of the total surgeon's fee or \$500, whichever is greater, is collected at the time of surgery scheduling to reserve the surgery date. This deposit will be applied to the surgeon's fee portion of the total surgery fee.

The Ambulatory Surgery Center (ASC) and anesthesia fees are collected in full on the surgery date. If payment in full is not collected, the surgery will be canceled and the patient will be responsible for the associated financial penalties for surgery cancellation.

Cancellation/Rescheduling of Surgery

Should it become necessary to cancel the scheduled surgery, by the patient, we will retain the surgery deposit paid. Should it become necessary to reschedule the surgery date, by the patient, we must receive notice of the change twenty one (21) business days notice prior the scheduled surgery date. If notice is given within less than twenty one (21) business days prior to the scheduled surgery date, the surgery deposit paid will be retained and a new surgery deposit will be required to reserve a new surgery date. The first surgery deposit will not be applied to the surgeon's fee portion of the total surgery fee. Exceptions may be made for documented emergency or medical disability.

Lab Fees/Prescriptions

All prescriptions, lab/EKG and other diagnostic testing ordered are the responsibility of the patient. Benedetti Cosmetic Surgery has preferred vendor pricing for many of these services.

I acknowledge that I am financially responsible for all charges. By signing this form, I fully understand and agree to the terms and conditions of the Financial Policy of Benedetti Cosmetic Surgery, P.A.

Signed: _____ Print: _____ Date: _____

Office Signature: _____ Print: _____ Date: _____