

Roxbury Clinic and Surgery Center

Dr. Calvert, Dr. Ordon, Dr. Brenner, Dr. Parsa and the Roxbury Clinic and Surgery Center are considered *out of network providers*, not in-network, for all insurance companies. We, as providers, are billing the insurance company solely as a courtesy to the patient. _____ initial

SCHEDULING SURGERY

In order to schedule and reserve your date of surgery, the following is required:

- A 50% deposit (minimum of \$1000) must be paid.
- The balance and all applicable fees (cosmetic, insurance related deductibles and copays) will be due in full 3 weeks prior to the date of surgery.

REVISIONAL PROCEDURE POLICY

Cosmetic surgery is real surgery and involves both risks and benefits associated with the surgical healing process. Healing varies from patient to patient and occasionally, a revisional (touch up) procedure may be necessary and beneficial.

The possible outcomes that may benefit from a touch-up include, but are not limited to, the following:

- Unfavorable scar
- Unfavorable shape, size and or contour
- Scar contracture (excess firmness)

We are committed to providing you with the best possible results that can reasonably be achieved for your particular surgical outcome.

If a touch-up procedure is advisable (as determined by the doctor) your cost will be limited to anesthesia and operating room fees. The fee will be determined by time in the operating room.

CANCELLATION POLICY

- If you should cancel your surgery for any reason after it has been scheduled with less than ten working days notice, half (1/2) of surgeon fee will be nonrefundable to cover rescheduling costs, any contract labor, supplies and/or equipment that has been arranged for your case.
- If you cancel your procedure because we are unable to obtain medical clearance (i.e. you are not medically stable for surgery) or a similar reason, your payment will be refunded after review by our corporate office.
- If you reschedule your surgery more than once, we will charge a \$500 rescheduling fee.

Patient Signature

Date

Printed Name

Witness Signature

Date