Patient Financial Policy

Thank you for choosing us as your plastic surgery provider. We believe your clear understanding of our financial policy is important to our professional relationship. Our prices represent reasonable charges for the Metro-Atlanta area. Please read this document and sign below. Your signature below acknowledges the fact that you have read, understand, and accept your financial responsibility under this policy. You will be given a copy of your signed form.

Reconstructive Surgery

- Please remember that health insurance is a contract between you and your insurance carrier.
- Reconstructive consultation, pre-operative evaluation, procedure, and non-global post-operative fees will be billed to your insurance company. Dr. Lawrence is under contract with most insurance companies and accepts out-of-network benefits for all others.
- It is your responsibility to understand your insurance policy and to provide our office with current insurance information. If we do not have this information at the time of your visit, you will be responsible for all fees.
- If your plan requires us to have a referral from a primary care physician for your visit, this must be received 48 hours prior to your appointment. Your appointment will be rescheduled if we do not have your referral.
- All patient copayments, deductibles and co-insurance payments are due at time of service. By contractual agreement with your insurance company, we are unable to waive these fees.
- We will file your insurance claims on your behalf. Your insurance company may require additional information from you directly as the insured and it is your responsibility to comply with their request. We will not become involved in disputes between you and your insurance company.
- Reconstructive procedures require precertification from your insurance carrier. Our office will provide this service following your consultation. The process may take up to 6 weeks. Surgery will not be scheduled until the authorization from your insurance company is received.
- If you choose to schedule surgery without authorization from your insurance company, you will be considered a self-pay patient in the practice. Under these circumstances we will not file an insurance claim nor accept any insurance payment for your procedure at any time.
- If your insurance company’s policy is to review claims for payment after a procedure is performed rather than issue a pre-certification, a $1000.00 deposit, in addition to co-payment, deductible, and co-insurance fees, will be collected. The deposit will be refunded once all fees have been paid.
- An insurance authorization is not a guarantee of payment. If your insurance company denies payment of your procedure post-operatively, you will be responsible for the fees in full.
- A surgical assistant will be used on those procedures where Dr. Lawrence believes an assistant to be medically necessary to provide high quality care. An insurance claim for this service will be filed. You will be responsible for co-payments, deductibles, and co-insurance payments in accordance with your insurance policy. If your insurance company does not cover this service, you will be responsible for a flat fee of $400.00, paid to the practice.
- The balance on your account is ultimately your responsibility. Outstanding balances greater than 90 days must be paid in full or they will be referred to an outside collection agency. You will be responsible for all collection costs. Once an account is referred to collections we cannot withdraw it or accept payment in our office.
Cosmetic Surgery

- Consultation fee is $100 and is due at the time of service. This fee will be credited towards your surgery if the surgery is scheduled within one year of the consultation.
- A cosmetic surgery quote includes the surgeon’s fee, facility fee, and anesthesia fee. The surgeon’s fee is payable to Dr. Lawrence. Facility and anesthesia fees are billed separately and are based upon an estimate of the average length of time it has taken Dr. Lawrence to perform similar procedures in the past. If surgery extends beyond the time quoted, you will be billed by the facility and anesthesiologist for additional fees. Likewise, you will receive a refund from the facility and anesthesiologist if your surgery is completed in a shorter period of time.
- The surgeon’s fee on the cosmetic surgery quote is valid for 6 months from the date quoted. Facility and anesthesia fees may change; you will be notified of the current prices at the time of surgery scheduling.
- You are responsible for x-ray, laboratory, pathology, and medication fees if necessary.
- A non-refundable and non-transferable deposit of $500.00 must be made at the time surgery is scheduled.
- Payment for the balance of the surgery fee is due 14 days before surgery. If fees are not provided by this time the surgery will be cancelled.
- Procedures cancelled within 14 days of surgery will incur a 50% penalty fee per procedure scheduled.
- Revisions are occasionally necessary in plastic surgery and will be performed within one year of surgery with no separate surgeon fee. However, facility and anesthesia fees will apply for revision procedures. Revision procedures in the office will incur a $250.00 supply fee.
- We do not have in-office payment plans, but refer patients to CareCredit at www.carecredit.com.

Combination Reconstructive/Cosmetics Surgery

- At your initial visit you will be responsible for your insurance co-payment as well as your cosmetic surgery consultation fee.
- We will proceed with pre-certification for the insurance portion of your surgery.
- There will be split billing by this office, the facility, and the anesthesiologist; fees will reflect your insurance co-payments, deductibles, and co-insurance payments for the reconstructive portion, as well as your cosmetic self-pay fees.

Office Policies

- Accepted payment methods are cash, American Express, Discover, MasterCard and Visa. We do not accept personal checks.
- Refunds are not issued on products or unused portions of services purchased.
- All surgeries which are rescheduled for any reason will be charged a $125.00 administrative fee. This is not covered by insurance.
- Copies of medical records will be provided within 30 days upon receipt of a written request. An administrative fee of $40.00 for reproduction of medical records must be received prior to record release. Additional fees will be applied for copies of photographs.
- There is a $40.00 fee for completion of all disability paperwork.
- Refunds for payments made by credit card will incur a transaction fee debit of 3%.

I have read and understand both pages of the above payment policy.

____________________________________  ____________________
Signature of patient or responsible party  Date

____________________________________  ____________________
Witness  Date

960 Johnson Ferry Road NE-Suite 120, Atlanta, GA 30342  (Ph) 404-303-7004  (Fx) 404-303-7020

www.cosmeticsurgery.cc