

DAUWE PLASTIC SURGERY

NOTICE OF FINANCIAL POLICIES

STATEMENT OF FINANCIAL RESPONSIBILITY

The services you have elected to participate in imply a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. If applicable and indicated, we will verify your coverage and bill your insurance carrier on your behalf, as a courtesy to you. However, you are ultimately responsible for payment of your bill in full.

ASSIGNMENT OF BENEFITS

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including private insurance and other health plans to Dr. Dauwe. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure the payment.

YOUR INSURANCE CARRIER MIGHT NOT FULLY REIMBURSE YOU FOR HOSPITAL ADMISSION OR SURGICAL PROCEDURES.

Most group insurance policies have been amended to include preadmission certification requirements for hospital admissions and/or second surgical opinion requirements for selected surgical procedures. I understand that this is my responsibility to fulfill any preadmission or second opinion requirements contained in my insurance policy. I realize that failure to do so may result in a significant reduction in my insurance benefits. I, the undersigned, have read the above policy regarding my financial responsibility to Lemmon Avenue Plastic Surgery and Laser Center, for providing services to me or the patient mentioned below. I certify that the information, to the best of my knowledge, is true and accurate. I hereby assign Lemmon Avenue Plastic Surgery and Laser Center all payments to which I am entitled for medical and/or surgical expenses related to the services reported for my illness or injury. I understand that I am financially responsible to said provider for charges not covered by this assignment of benefits. A copy of this assignment is as valid as the original.

DAUWE PLASTIC SURGERY

NOTICE OF PRIVACY PRACTICES

TO OUR PATIENTS:

The privacy of your health care information is extremely important to us. We want you to understand how we use and disclose your information and your rights to this information. We ask you to review our Notice of Privacy Practices that describes our legal duties with respect to your health care information. You are entitled to a copy of this notice if requested.

HOW WE USE HEALTHCARE INFORMATION:

We use information about you to:

- Provide treatment to you
- Ensure appropriate payment for the treatment we provide, and
- Monitor the quality of our operations

WHEN WE MAY DISCLOSE INFORMATION:

In certain limited cases we are permitted to disclose health care information about you. Examples include when there is a serious threat to health or safety, for insurance reimbursement, in any situation regarding a billing dispute, to reduce public health risks, for health oversights, and in certain cases for law enforcement. In addition, we may disclose information to tell you about health-related services and alternative treatments, and to conduct health-related research with your permission.

YOUR INFORMATION RIGHTS:

We create a record of the care we give you. You have the right to:

- know how we use your health information, who we can give it to, and your rights to this information. (Please see our Notice of Privacy Practices.)
- ask us to restrict uses and disclosures where we believe such restrictions will not harm you and where it is possible for us to do so.
- confidential communication of your health information. For example, you can ask for a conversation to be held in private or for us to send a copy of your bill to a different address.
- look at and receive a copy of information in our records unless your doctor has indicated this would be harmful to you or someone else.
- request that our records be amended if we agree it is inaccurate or incomplete.
- ask for a list when we have disclosed your health information to someone other than those treating you, handling your bills, for our internal operations, or when you have authorized release of information.

DAUWE PLASTIC SURGERY

NOTICE OF PRACTICE POLICY FOR SURGICAL AND NON-SURGICAL PROCEDURES

We know having surgery is an enormous commitment on your part, so our priority is to provide you as much predictability and permanence in our schedule as possible.

We also commit time and resources to you when we make a reservation for your procedure or surgery. Arranging surgery requires careful coordination between our office, the surgery center, anesthesiologist, and postoperative care facility if applicable. Therefore, when planning your surgery, please consider our commitment and the importance of our cancellation policy.

SURGERY CANCELLATION POLICY

We require full payment for surgery (Surgeon fee + OR Facility fee + Anesthesia fee + Postoperative care facility if applicable) **2 weeks prior** to your surgery date. We require down payment of \$1000 to secure a surgery date. This deposit will be refundable **greater than 2 weeks** prior to your original requested surgery date. Cancellation within 2 weeks of your original surgery date will result in refund of your down payment only if cancellation is mandated by medical necessity.

NON-SURGICAL CANCELLATION POLICY

Full payment for non-surgical procedures will be taken at the time of scheduling to secure your appointment. Cancellation of scheduled procedures on prepaid packages will result in debit of that procedure session from the prepaid package pursuant to the same schedule. All balances must be paid in full prior to scheduling any future procedures.

SURGERY TIME OVERAGE POLICY

In an effort to minimize facility and anesthesia costs to our patients, Dr. Dauwe estimates the operative time as accurately as he can. However, if your surgery takes longer than expected, you will be responsible for any fees that may result from the operating room or anesthesiologist.

REVISION POLICY

Our goal is to provide the optimal results with your plastic surgery. However, operative revisions may be required. In this instance, the surgeon's fee will be negotiable, however, you will be responsible for the fees related to the operating room, anesthesia and hospitalization.

I like to inform my patients of these policies prior to the surgery, so that we may discuss this during the preoperative evaluation and consultation. We value your loyalty and do everything to maximize your care and result from plastic surgery. If you have any questions or want to discuss this further, please do not hesitate to discuss with me or any of my staff.