

Financial Policy

1. A Non- Refundable consultation fee of \$125 is payable at the time of service.
2. A **NON-REFUNDABLE** deposit for the surgeon's fee is due upon scheduling surgery.
3. Full payment is due at the time of the pre-operative appointment. Failure to provide payment at this appointment will result in surgery cancellation.
4. I understand that payment is due in full at the time of service. I also understand that if I would like insurance reimbursement, it is my responsibility to submit a claim. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify, medical record submission, answer letters of appeal, or peer to peer communication.
_____ **Initials**
5. Anesthesia services and surgical assistant services are charged on an hourly basis based on Dr. Atagi's *best estimate* of time prior to surgery. Additional charges will be incurred should the procedure(s) take longer than anticipated.
6. In the event surgery is cancelled and rescheduled, all prepaid fees will be applied to the new surgery date. Fifty percent of the surgeon's fees are **NON-REFUNDABLE** if surgery is cancelled less than seven days prior to the date of surgery and if surgery is not rescheduled within six months.
7. Additional costs including but not limited to hospital admissions, emergency room visits, laboratory tests, imaging studies, and surgical interventions may be incurred with post-operative complications.
8. Additional costs including but not limited to Dr. Atagi's fee, operating room, anesthesia, surgical assistant, laboratory tests, imaging studies and use of the VASER ® Lipo equipment are the patient's responsibility for surgical revisions.
9. In the event breast implant encapsulation (excessive scar around a breast implant) results in the need for surgical intervention, additional costs including but not limited to Dr. Atagi's fee, operating room, anesthesia, surgical assistant, laboratory tests, imaging studies and any implant(s) will be the responsibility of the patient.
10. Post-operative appointments will be covered for one year following any procedure performed by Dr. Atagi. Each additional appointment after one year will incur a \$75 charge. If your procedure was performed by another physician and Dr. Atagi is following you post-operatively there will be an office visit charge of \$75 per visit.
11. Returned checks will incur a \$25 handling fee.
12. We understand that situations may arise that require you to reschedule your surgery. Because significant time is required for the staff to reschedule your procedure, a processing fee will be assessed. Our rescheduling policy is as follows:
 - Rescheduling a surgery within 45 days of your surgery date will result in a \$50, non-refundable fee
 - Rescheduling a surgery within 14 days of your surgery date will result in a \$100, non-refundable fee
 - If you have rescheduled your procedure more than once, you will incur an additional fee of \$200 each time you reschedule.

These fees are in addition to your already existing surgical costs.

I certify that I have read and fully understand Dr. Atagi's financial policies. I agree to be personally responsible for all payments.

Patient/Responsible Party's Signature: _____ Date: _____

Patient Coordinator: _____ Date: _____