

Financial Policy
Patti Flint MD PC

Consultation fees vary from fifty dollars to five hundred dollars depending on the procedure or treatment.

Twenty percent of the surgical fee will be collected at the time of surgical scheduling as a deposit.

Five hundred dollars of this deposit is non-refundable if the surgery is cancelled.

The entire surgery deposit is non-refundable if the surgery is cancelled within three weeks of the surgery date.

The balance of the surgical fees is due two weeks prior to surgery. If the balance is not paid on or before that time, the surgery will be cancelled.

There is a two-hundred and fifty dollar fee assessed to change a surgery date after surgery has been scheduled.

Any refunds due will be supplied within one week of a surgical cancellation.

A written fee quote will be given to you on the day of your consultation. This will include surgical, anesthesia, operating room, and recovery care unit fees. The latter three fees are estimates and we cannot guarantee they are exact.

Surgical fees change at the beginning of each calendar year. Fee quotes from the preceding calendar year will be honored for three months from the date of the quote.

Surgery is not an exact science and each individual heals and forms scars differently. Revisionary surgery is not commonly needed; however, if you desire a revision, Dr. Flint will discuss this with you. Operating room and anesthesia fees will be your responsibility and are based on the prevailing rates of our providers of these services. Dr. Flint's surgical fees are dramatically reduced in these circumstances, if the patient has kept all follow-up visits and been compliant with the post-operative instructions.

Additional fees will be due for: compression garments, lab and/or pathology fees, and pre-operative testing.

Any un-opened skincare products can be exchanged or returned within 30 days of purchase.

Financing may be available through www.carecredit.com

Fees may be paid in cash, credit card (except Discover), cashier's check, or personal check. Personal checks are accepted for surgery only.

My signature below signifies that I have read and understand these policies in their entirety and agree to abide by them.

Signed: _____ **Date:** _____