STEPHEN R. KAY, MD, FACS

AESTHETIC PLASTIC SURGERY

INSURANCE AND SURGERY CANCELLATION POLICY

Understanding health insurance coverage can be a very confusing and time-consuming task for everyone. We will file most insurance claims to your insurance carrier on your behalf and provide the required documentation of your treatment. However, we are neither agents nor employees of any insurance company. Our relationship is with you, our patient. If, for any reason, your insurance does not pay for services, you are solely responsible for the balance. You are responsible for understanding the benefits, exclusions and limitations of your policy. Unless we participate directly with your insurance carrier, you are responsible for payment of your services in advance. As a courtesy, we will file a claim with your insurance carrier.

Though patients often ask whether a procedure will be "minor" or "major" surgery, we make no such distinction when preparing for your surgery. All surgical procedures are important; we devote the same effort for each case to insure the safety, comfort and convenience of every patient. Significant time and effort is required even to schedule a biopsy. We must contact your insurer, retrieve supplies specific for your treatment, and schedule nursing, pathology and anesthesia staff. Moreover, time in an operating room for any procedure costs \$12-\$15 per minute; a last minute cancellation forfeits the time and costs everyone.

We will do our best to help you schedule your procedure according to urgency and convenience. Do not plan to swim or travel more than two hours by air for the first seven days after your surgery. When you make an appointment for a procedure, you must carefully consider your ability to keep it.

We request that you notify us immediately in case of illness that would require postponement or cancellation of your procedure. A note from your doctor clearing you for surgery is required before your procedure can be re-scheduled.

If you cancel your scheduled surgery for any reason other than illness, you agree to pay a non-refundable fee of \$150.00. Payment is required before surgery can be rescheduled.

We accept the following forms of payment for the \$150.00 non-refundable rescheduling surgery fee: Mastercard, Visa, certified check or cash. Personal checks are not accepted.

Patient name (please print)	
Patient or Guardian Signature	Date

I have read the above cancellation policy and agree with the terms:



AMERICAN SOCIETY OF PLASTIC SURGEONS

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