



FINANCIAL POLICY OF TULSA SURGICAL ARTS:

The fees that are quoted after your consult are for the procedures discussed which includes the surgeon's fee, garment fee, material, and labor costs, as well as all of your post-operative visits from this surgery. These fees will be honored for three months from the consultation date.

All fees are payable a MINIMUM of 14 DAYS PRIOR to the scheduled date of the procedure. Fees may be paid by cash, check, Visa, MasterCard, Discover, American Express. We do offer Care Credit as a financing option as well.

The estimate you are given DOES NOT INCLUDE the cost of any x-ray, lab tests, prescription medications, or hospitalizations. Breast reduction patients may incur additional lab fees for breast tissue sent to the lab to rule out breast cancer. If any problems arise as treatment progresses, additional fees may apply. You will be informed of any costs before any unexpected treatment is undertaken.

All patients over the age of 50 must have a recent EKG and blood work (Chem 7 and CBC done prior to surgery. All breast augmentation patients over the age of 40 must have a current mammogram on record (within 1 year).

SURGERY DATE REFUND POLICY:

A NON-REFUNDABLE deposit of \$1000 is required to secure your date of surgery. If you need to change the date of your surgery and we are given 4 WEEKS NOTICE, the deposit can be used to secure a different date without further changes. Please be sure you can proceed with the date you have selected for surgery. It is financially disruptive for you and our practice when surgery dates change near to the scheduled date.

CANCELLATION POLICY:

Should you decide not to have surgery and cancel, the \$1000 deposit is non-refundable. If your cancellation occurs within 2 weeks of surgery, \$2000 of your total surgery fee will be retained and if cancellation occurs within 1 week of surgery, \$3000 of your total surgery fee will be retained. Patients will lose their ENTIRE fee if cancellation occurs within 48 hours of the planned surgery date.

We are committed to meeting your healthcare needs. Our goal is to keep your financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

Please initial next to each to confirm you understand these terms:

_____ I understand that Dr. Cuzalina & Tulsa Surgical Arts are not a provider under any insurance plan; therefore, any services provided at this facility will be considered "out-of-network".

_____ In the event my account is turned over to an outside collection agency, I agree that I will be responsible for a fee of \$100 as well as any and all attorney fees, court costs, etc.

_____ I understand that my account will be charged \$100 when a check I presented for payment is returned and marked "non-sufficient funds" (NSF). Returned checks over \$500 will be assessed a fee of 5% of the amount of the check.

_____ I have read, understand, and agree to the insurance and financial policies stated above. I also agree that I have had the opportunity to discuss any questions or concerns regarding the above with the staff at Tulsa Surgical Arts.

I acknowledge that I have received a copy of this financial policy. I agree to read this document and comply with the terms set forth for services rendered by all employees of Tulsa Surgical Arts.

Date Signed: _____

Patient Name: _____

Patient Signature: _____

Tulsa Surgical Arts
Coordinator: _____