

Payment Policy

Office Visit

The consultation fee is \$75.00 and is payable at the time of your visit.

Cosmetic Surgery

The consultation fee of \$75.00 will be deducted from your surgical fee if you schedule surgery with Dr. Shinn. A non-refundable \$500.00 scheduling fee is due at the time you schedule your surgery to reserve your surgery date and will be applied to the surgeon's fee. The remaining balance is due two weeks prior to the date of your surgery. If payment is not received on time, your surgery will be flagged for cancellation. Potential cost factors in most cosmetic surgeries involve the following:

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INITIALS
- Surgical procedure (physician's fee)
  - Operating room (hospital fee)
  - Medical devices (implants) and surgical garments
  - Anesthesia
  - Hospital room (if needed for overnight stay)
  - Tests for pre-operative evaluation (lab work, EKG, x-rays, etc.)
  - Pathology (if specimen or culture is collected and sent during surgery)
  - Post-operative medications

Our office accepts money orders, cash, Visa, MasterCard, American Express, and Discover. Fees will be collected and/or charged by our office for Dr. Shinn's fee and medical devices. The operating room, anesthesia, and hospital fees will be collected separately. Financing is available.

Surgery/ Procedures Covered by Insurance

If your surgery will be covered by insurance, we will contact the company via telephone or letter for pre-determination and authorization. Prior to your surgical procedure, your deductible and any co-payment will be due. These fees are determined by your insurance policy.

Cancellation Policy for Cosmetic Surgery

Since most cosmetic surgery is scheduled weeks to months in advance, cancellation of surgery on short notice is discouraged. If you cancel your surgery within 48 hours of the surgical date, 50% of Dr. Shinn's fee is non-refundable. If you cancel within 24 hours or less, 100% of Dr. Shinn's fee is non-refundable.

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INITIALS

I have read and understand the above payment policy information.

\_\_\_\_\_  
Please date and sign

\_\_\_\_\_  
Patient Name and Today's Date

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DOB