



## FINANCIAL POLICY

**Surgery fees for cosmetic procedures:** include Dr. Burgess fee, hospital operative room fees, implants, and anesthesiology fees. It also includes your pre-operative visit before surgery and office follow-up visits for one year following surgery. There may also be additional fees charged for lab work, X-Rays, EKG, prescription medication, pathology reports, or compression garments. These are not included in the quoted fees given at the consultation and will be your responsibility. Quoted fees are honored for 90 days from the day of quotation. If the surgery is scheduled as originally planned within 90 days, Dr. Elisa Burgess' fee will be honored. However, we have no control over the operating room fee as well as the anesthesia fee and they are liable to change. There is a \$500.00 non-refundable deposit due at the time of scheduling surgery that will be applied towards the surgeon's fee. If you have to reschedule surgery, the \$500.00 will be applied to the surgeon's fee for a surgery date chosen within 1 year of your consultation. If you have to cancel surgery completely, or choose not to reschedule within 1 year of your consultation, the \$500.00 will not be refunded.

**If your consultation involves insurance, please be prepared to pay the co-pay if applicable.**

**If insurance is involved in your visit:** We will bill primary and secondary insurance companies. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone number or employer. If your plan requires referral from your primary care physician, we ask that you phone your primary care physician prior to your appointment for the necessary authorization. Lack of referral could result in patient responsibility for service requested that day. Your insurance contract is between you and your insurance company. You are ultimately responsible for payment of your account. Note: If we are using insurance for your consultation your bill will be determined by your insurance company after being submitted by our office. The \$75 cosmetic consultation fee does not apply to your visit when involving insurance.

**Co-Payments:** Co-payments are due at the time of your appointment.

**Medicare:** We are a participating clinic. We do accept assignment on Medicare claims.

**No Insurance:** Payment in full is required at the time of your appointment for all noninsured patients.

We do require a non-refundable \$100.00 deposit for **in-office** procedures at the time the procedure is scheduled.

**I have read and understand this financial policy.**

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Patient/Guardian Signature

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Date

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