Financial Policy Regarding Revision and Complications

Every surgeon has a few patients who will require revision or have some unforeseen complications requiring additional surgery. As you have been told, one cannot guarantee any results. In cosmetic procedures there are certain problems that will happen statistically, no matter how good the care or how careful the doctor and team. Some examples of problems that may be encountered are bleeding, infection, unfavorable healing, or scarring after a surgical procedure. In such cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). While we may waive the surgeon's fee for elective minor revision surgery within 12 to 18 months from the original surgery date, patients are expected to pay any and all other expenses that arise as a result of treatment in hospital or outpatient settings such as anesthesia fees, hospital fees, medications, lab test, or X-rays, etc. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees.

The vast majority of patients do not require additional surgery and we hope that no complication arises and no revision surgery is necessary in your case. However, no surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this reality, risk and financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

My signature below, indicates that I understand and agree to the above policy.

Patient is a minor below 18 years of age, and we, the undersigned, are the parents or legal guardian of the patient and do hereby have legal authority to consent and do consent for the patient.

Print Name: _____

Signature: _____ Date _____

Witness: _____

Patient Initials: _____