



Kaufman & Clark Plastic Surgery

Welcome to Kaufman & Clark Plastic Surgery. We are committed to providing the best, most comprehensive care possible. Please assist us by providing the following information. All information remains strictly confidential. Please complete this form and fax it to 916.983.9850 or bring it with you to the office for your appointment. We appreciate your assistance

Patient Information:			
Patient Name	Date of Birth	Sex	
Home Address	City	State	Zip
Home Telephone Number	Cellular Telephone Number		
Occupation	Employer's Name		
Spouse Name	Employer		
Primary Physician's Name			
Whom May We Thank for Referring You to Our Practice?	Email address for appointment confirmation:		
Notify in Case of Emergency:			
Name	Relationship	Telephone	
Financial Information: (<i>For insurance only</i>)			
Name	Telephone		
Address	City	State	Zip
Insurance Company	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#.	
Insurance ID No.:			
Secondary Insurance	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#	

2220 East Bidwell Street Folsom, California 95630

916.983.9895

www.thenaturalresult.com

FINANCIAL POLICY

Thank you for choosing our office for your aesthetic needs. As you make your decision on cosmetic surgery, you may need information about the various payment options available. Our Patient Care Coordinator is readily available to meet with you and provide you with the specific information you desire. We accept personal checks, money orders, credit cards (Visa, Master Card, Discover, American Express), cashiers check, or cash as methods of payment. Our office works closely with several finance companies should you opt for financing. We would be happy to assist you when applying for financing.

Benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make an attempt in advance to determine if insurance coverage exists for your procedure. **Both Dr. Kaufman and Dr. Clark are not affiliated with any insurance plans** (including Medicare); therefore *all fees* must be paid in full at the time of your pre-op appointment. If your surgery is being performed at Mercy Hospital in Folsom, their facility will bill your insurance carrier the appropriate hospital and anesthesia fees. In this case, you will need to have your insurance company reimburse you directly for our surgeons' fees that you paid in full at your pre-op appointment. We are associated with a billing agency that will be happy to assist you in filing your claim. This firm charges 7% for this service and is in addition to your surgery fees.

You are ultimately responsible for full payment of your account regardless if your insurance carrier will not cover your procedure. If your surgery is performed at our facility, insurance carriers do not typically reimburse any part of your procedure or associated fees.

Your initial consultation appointment requires an \$80.00 deposit fee collected at the time you schedule. This deposit is applied to your surgery balance if you decide to move forward with surgery. If you choose not to have surgery, the \$80.00 charge is the cost for the consultation appointment. In order to receive a full refund of your consultation deposit, we require a 2 week notice prior to your appointment. If you need to reschedule your consult appointment, we require a 48 hour notice.

A **10% non-refundable** deposit will be collected at the time you schedule your surgery. The 10% deposit will be applied towards your surgery balance. The balance will be collected at the time of your pre-op appointment which is scheduled 2-3 weeks prior to your surgery date. If you choose to cancel your surgery for any reason before your pre-op appointment, (unless you are not cleared for surgery by a Physician and cannot reschedule), this fee is still **non-refundable**.

Rescheduling Fee: In the event you need to reschedule your surgery (within 30 days of your original surgery date) a \$500—NON-REFUNDABLE fee will be collected at the time of rescheduling. Rescheduling prior to 30 days is not subject to these additional fees.

If you decide to cancel your surgery during or after your pre-op appointment for any reason, (unless you are not cleared for surgery by an outside Physician and cannot reschedule), we will refund 50% of your payment (excluding the 10% non-refundable deposit). If you cancel less than 7 days before surgery, the total surgery fee including the 10% deposit is non-refundable (unless you are not cleared for surgery by an outside Physician and cannot reschedule.). Should Dr. Kaufman or Dr. Clark cancel your surgery for any reason, you are entitled to a full refund (including your deposit) if you cannot reschedule.

There will be a \$25 return check fee for all returned checks.
If you have any questions regarding our financial policy, feel free to ask our Patient Care Coordinator.

By signing below, I accept and agree to the financial terms and conditions. A copy will be provided to you upon request.

Signature: _____ Printed Name: _____

Date: _____ Witness: _____

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