

## **Surgery Scheduling Policy**

Thank you for your interest in our office. We look forward to providing you with the highest quality of care throughout the surgical process.

### **I HAVE DECIDED ON A DESIRED SURGICAL PLAN PRESENTED BY DR. STRAKA AND WISH TO SCHEDULE A SURGERY DATE. WHAT DO I NEED TO DO NEXT?**

You may schedule your surgery with our surgical coordinator during business hours. She will review dates available and collect your deposit once you have decided on a date for your surgery. We ask that you do not pay your deposit until you are definite about your desire for surgery and are certain that you have the funds available to pay the full amount.

### **WHAT IS THE DEPOSIT AMOUNT TO SCHEDULE MY SURGERY?**

The deposit required to secure your surgery date is \$1000.00. This is a **non-refundable** fee. Your deposit fee will be applied to your surgery balance. Your surgery date will be reserved only after your deposit has been collected.

### **WHEN IS THE FINAL PAYMENT FOR SURGERY DUE?**

All remaining fees/balance are due at your pre-operative visit or 14 days prior to your surgery date, whichever comes first. If the full payment has not been received by 14 days prior to your scheduled surgery date, your deposit will be forfeited and your surgery date will be released.

### **WHAT FORMS OF PAYMENT ARE ACCEPTED?**

- Cashier's check/money order made payable to OPUS Plastic Surgery
- Debit card (please contact your bank in advance as there is typically a daily limit placed on debit cards)
- Visa/Master Card/American Express/Discover
- Care Credit is accepted for the balance/final payment only. Our office participates in the 6 month no interest plan as well as the 24 and 36 month extended payment plans. If you plan to use Care Credit, please either go to [www.carecredit.com](http://www.carecredit.com) or call 1-800-677-0718 to apply. If someone other than yourself is the account holder, that person will be required to sign for the charges. As required by Care Credit, a driver's license and secondary credit card in the card holder's name will also be necessary.

### **WHAT FORMS OF PAYMENT ARE NOT ACCEPTED?**

- Personal checks
- Cash
- Credit card checks
- Insurance—Dr. Straka will not submit any claims to any insurance company for coverage of this procedure and no insurance will be accepted for this procedure.

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Patient signature

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Date

**WHAT TESTING IS REQUIRED PRIOR TO SURGERY?**

All patients will need to have a CBC (complete blood count) drawn through your primary care office or through your local laboratory. If you are 45+ years old, you will also need to obtain a medical clearance from your primary care doctor to include an EKG. Please have all results sent to our office at least 14 days prior to your surgery date. There may be instances where additional pre-operative testing is required. Any fees related to pre-surgical testing are not included in the price quote for surgery.

**WHAT IS A PRE-OP (PRE-OPERATIVE) APPOINTMENT FOR AND WHEN IS IT?**

On this visit, typically 14 days prior to your scheduled surgery, you will review the surgical plan and goals with Dr. Straka. You will sign consent forms, receive your pre-op and post-op instructions along with your prescriptions. Any remaining questions you have regarding your procedure will be answered on this visit.

**WHAT IF I NEED TO MOVE MY SURGERY DATE AFTER I HAVE SCHEDULED?**

We understand that a situation may arise that could force you to reschedule, postpone or cancel your surgery. Please understand that such changes affect your surgeon, anesthesiologist and nursing staff as well as other patients. We appreciate your courtesy of informing us as soon as you are aware that a change is necessary. We thank you in advance for your cooperation.

**WHAT IS CONSIDERED RESCHEDULING? WHAT FEES WILL I HAVE TO PAY?**

- If you reschedule or postpone your surgery **more than** 14 days prior to your surgery date, an additional, non-refundable rescheduling fee of \$500.00 will be collected in order to reschedule your surgery. This additional fee will be applied to your surgery balance.
- If you reschedule your surgery, the new date for surgery will only be scheduled within 90 days of the original surgery date or it will be considered a cancellation and all cancellation policies will apply.

**WHAT IS A CANCELLATION? WHAT FEES WILL I HAVE TO PAY?**

If you cancel your surgery at any time, **all deposits paid will be forfeited.**

I have read the above scheduling policy, have had all of my questions answered regarding payment and fees and agree to abide by the policy outlined above.

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Patient signature

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Date