



## Financial Policy Agreement Regarding Revision and Complications

Matthew C Camp, MD, Board Certified Plastic Surgeon, Echelon Surgical Specialists Echelon Surgical Specialists 2025

\_\_\_\_\_ I understand that elective, cosmetic plastic surgery consists of both art and science. There are a number of factors that may affect the final results of any given surgical treatment. Complications and patient disappointment and dissatisfaction with the results are a statistical reality in elective, cosmetic plastic surgery. At Echelon Surgical Specialists we always strive for surgical excellence and take multiple steps to reduce complications and dissatisfaction. However, a small number of patients may experience a complication or a disappointing result.

\_\_\_\_\_ I understand that ultimately the fee paid for any procedure is for the performance of a procedure and not for a guaranteed result of a procedure or for a guarantee of satisfaction. **Procedure fees are non-refundable.**

\_\_\_\_\_ I understand the healing process is unique for every patient and final healing can sometimes take over one year.

\_\_\_\_\_ I understand and agree to the following terms and conditions reflected on our Patient Estimate Sheets:

- The cost listed on the Patient Estimate Sheet includes surgeon's fees, post-surgery follow-up appointments at the Echelon Surgical Specialists clinic, and surgical supplies.
- For patients with procedures scheduled at Southdale Specialty Surgery Center in Edina, the facility and anesthesia fees are included in your patient estimate sheet.
- For patients with procedures scheduled at Edina Specialty Surgery Center in Edina, your anesthesia and Exparel (if applicable) fees will be collected by the Edina Specialty Surgery Center and you will be provided with an approximated estimate of charges. Your remaining facility charges will be covered by Echelon Surgical Specialists.
- Post op garments, Exparel®, and BioCorneum® are included when applicable.
- You will not receive any additional bill for facility charges, anesthesia, or additional operating room time.
- Mastopexies, breast reductions, and specimen removal are subject to additional pathology fees.
- You are responsible for the cost of medications prescribed for pickup at your pharmacy.
- If you are required to obtain a preop clearance, labs and/or imaging, you are responsible for preop costs.
- If you seek care after your surgery at an outside facility such as an urgent care you are responsible for those costs
- 10% deposit is required to schedule a surgical procedure and remaining balance is due 2 weeks before surgery.
- Failure to pay the remaining balance due by 10 days prior to surgery may result in cancellation of your procedure.
- If you choose to finance with CareCredit, please refer to your cardholder agreement for terms and conditions.
- If you opt to undergo a future revisional procedure, you will be responsible for additional facility and surgery fees
- Cancellations are subject to a 10% cancellation fee. Quote expires 3 months from consult date.
- Echelon Surgical Specialists reserves the right to cancel any scheduled procedure.

### Revision Policy

\_\_\_\_\_ I understand that for revisions requested and agreed to be performed within one year of your original surgery, the following fees are the patient's responsibility: operating room/facility fee, medical supplies and staffing, and anesthesia fees. For revision procedures, Dr Camp agrees to waive his surgeon's fee of \$16.66/minute.

\_\_\_\_\_ I understand that after one year, all adjustments to your original procedure will be considered a new procedure.

\_\_\_\_\_ I understand the following situations are not considered revisions due to complications:

- Relaxation of skin after tummy tuck or further dropping of the breasts after breast lift
- Capsular contracture distortion after placement of implants (see if your implant warranty may cover some fees)
- Desire for a different size, shape, or position of breast implants
- Desire for more fat removal from liposuctioned area(s)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_