Financial Policy Agreement and Consent for Binding Non-Assignment

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

I, _____, permit Dr. Matthew C Camp's care as explained in additional informed consent and financial policy documents.

By initialing below, I acknowledge the following:

_____ 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. It also includes estimated charges for facility and anesthesia services at accredited surgery centers.
- For patients with procedures scheduled at North Memorial Maple Grove Ambulatory Surgery Center, the surgery center and anesthesia groups will collect separate payments. The surgery center may also impose a separate cancellation fee.
- 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.
- Post op garments, Exparel®, and BioCorneum® are included when applicable.
- You will not be responsible for any additional bills for additional operating room time for this specific procedure, but you must forward any bills received in error immediately to the clinic office.
- Breast reductions and other procedures involving 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, hospital, or another clinic 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 and forfeiture of deposit.
- 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.

Refund Policy

_____ **I understand that all procedure fees are non-refundable.**

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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 some revision procedures, Dr Camp may agree to waive his surgeon's fee of $16.66/minute.

_____ I understand that after one year, all adjustments to the original procedure will be considered a new procedure.

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

- Relaxation of skin after procedures such as tummy tuck, arm lift, thigh lift, body lift or further dropping of the breasts after breast lift or breast augmentation.
- 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)
- Weight gain or loss after cosmetic plastic surgery procedures or other health/medical issues that may impact results

Dispute Policy

_____ I understand that any disputes with the credit card company or financial institution used for payment of the procedure(s) after the procedure(s) is(are) completed, I acknowledge that I will waive my right to portions of the HIPAA policies and that portions of my medical records will be used to clarify the dispute with the credit card company or financial institution.

Consent for Binding Non-Assignment

By initialing below, I acknowledge the following:

_____ I understand that the procedure(s) I seek are mainly cosmetic. They are not medically needed.

_____ I know and accept the costs of my care. I understand that Dr. Matthew C Camp and Echelon Surgical Specialists will not accept insurance for cosmetic procedures.

_____ I understand that cosmetic procedures are considered self-pay and that I am 100% financially responsible for the procedure fees as a self-pay patient or out-of-pocket payment. I must pay the surgeon's fees, facility fees, and anesthesia fees entirely on my own as outlined on my Estimate Sheet.

_____ I acknowledge that it is forbidden for Dr. Matthew C Camp or Echelon Surgical Specialists to submit a fee to an insurance company for the cost of a cosmetic procedure.

_____ 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. I understand that all procedure fees are non-refundable.

_____ I understand that I am fully responsible for all surgical fees and that my Estimate Sheet provided by Echelon Surgical Specialists includes cosmetic self-pay pricing for the procedure and an estimate for facility and anesthesia fees.

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

Signature_____ Date _____