

715 Shaker Drive, Suite 100 Lexington, KY 40504 Tel 859.277.9435 Fax 859.277.8852

Dear Patient,

We are committed to providing you with the best possible care. Commonwealth Plastic Surgery has adopted the following financial policy. We wish to avoid any misunderstanding about our billing and payment procedures, so we ask you to please review this policy. If you have any questions, please ask a member of our office staff.

- 1. ALL IN OFFICE TREATMENTS AND PROCEDURES ARE DUE AT TIME OF SERVICE.
 ALL OPERATING ROOM PROCEDURES MUST BE PAID IN ADVANCE.
- 2. Please make checks payable to **Commonwealth Plastic Surgery** for procedures performed by provider Jared Nimtz.
- 3. Returned checks are subject to a \$25.00 returned check fee.
- 4. Payment for cosmetic services is due in full at the time of service. There is no "billing" for cosmetic services, procedures or products. If surgery is cancelled or postponed after scheduling, a scheduling fee equal to the deposit will apply, unless the cancellation or postponement is due to illness certified by your physician. Payment on operating room cosmetic/elective procedures will be due at the preoperative appointment (approximately 3 weeks prior to the surgery date).
- 5. Short term disability and other forms required by Dr. Nimtz to fill out will require \$30.00 payment prior to the form being completed. This does not include work excuse paperwork that can be completed by office staff at no charge.

I have read the above financial policy, and I understand my financial obligations in exchange for medical care provided by Commonwealth Plastic Surgery.

Print Name	
Signature	Date