Chelsea A. Obourn, MD
Facial Plastic & Reconstructive Surgery

LAKESIDE
COSMETIC CENTER
CHELSEA OBOURN M.D.

195 Parrish Street, Suite 260
Canandaigua, NY 14424
585-905-3414
585-394-5942 fax

Elective Surgical Cosmetic Procedures Financial Policy

We would like to thank you for choosing Lakeside Cosmetic Center (LCC) for your cosmetic treatment and aesthetic needs. As one of our patients, we would like to keep you informed of the current office and financial policies. Please read each of the following policies carefully and sign the acknowledgement below.

Payment: A fee of $150 is required upon arrival for the initial cosmetic surgical appointment. The consultation is designed for you and the provider to meet and discuss your cosmetic needs, outline the procedure, discuss expectations, and inform you of the fees. The consultation fee is non-refundable. LCC accepts payment in the form of check, major credit cards, and CareCredit.

Scheduling and Pre-Payment (Surgery Deposits): There is a deposit required before the date selected can be reserved. The deposit is $750.00, this is a **non-refundable** deposit. This amount will be applied to the total cost of your surgery. These deposits may be used for surgery only.

Pre-Surgical Visit: 4 weeks prior to your surgical date you will meet with the provider. This visit is to explain pre-operative instructions, review any lab tests required, review your surgical procedure, as well as post-operative limitations and instruction with you. Consent forms will be reviewed at this time. This is also your opportunity to ask any questions or discuss concerns you may have with the provider.

Surgical Final Payment: No later than 3 weeks prior to surgery, you will be expected to pay the remaining balance due on your account. LCC accepts payment in the form of check, major credit cards, and CareCredit. Care Credit will not be accepted as payment for associated facility and anesthesia fees.

Cancellation and Rescheduling Policy: If for any reason, medical, or personal, you cancel or reschedule your surgery prior to your scheduled surgery date, fees will be charged as follows:

- 15 days or more: refund all money except deposit
- 7-14 days prior: 50% loss of surgical fee
- Less than 7 days prior 75% loss of surgical fee
- 1 day or less prior: 100% loss of surgical fee

Additional Surgical Fees: The facility and anesthesia fees are included in the final procedure quote, unless otherwise noted. You will be responsible for any additional fees occurred by the facility and/or anesthesia. If you are having sedation of general anesthesia, certain laboratory tests may be required. The costs of lab tests, prescriptions, and surgical clearance are not included in your cost estimate. Any additional biopsies or labs required during surgery are the financial responsibility of the patient.

The practice of medicine and surgery is not an exact science. While the procedures are performed with a high probability of success, disappointments occur, and results are not always acceptable to patients or the surgeon. Surgical revisions and/or other medical treatment or management of problems and/or complications may be required. In the case of surgical complications, you as a patient are responsible for any revisional fees. Your insurance may or may not assist you in covering the expenses related to complications following cosmetic surgery and/or other medically related problems. This determination is based on what your insurance plan is and is not the responsibility of Lakeside Cosmetic Center.

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Services Policy: I understand that LCC has the right to refuse elective cosmetic treatment and/or dismiss a client from any service at any time. I also understand that I may not be a candidate for certain cosmetic services, and it is at the full discretion of the medical provider to determine whether I am a candidate for any service provided.

I have read, understand, and agree to the fee estimate and financial policy set forth by Lakeside Cosmetic Center.

Patient or Guardian Signature: _____ Date:_____

Patient's Name (Please Print): _____

At your request, a copy of these policies can be provided for you.