



Financial Policy – Vega Plastic Surgery

Welcome to Vega Plastic Surgery. We're committed to delivering exceptional care in a respectful, transparent, and supportive environment. This financial policy outlines expectations for both insurance-based and cosmetic/self-pay services. Please review carefully and reach out to our billing specialist with any questions.

INSURANCE PATIENTS

We participate with the following insurance plans:

- Excellus BCBS (excluding OPTION plans)
- MVP (including MVP Option)
- Medicare
- Cigna PPO
- UnitedHealthcare (excluding Medicaid plans)

All other plans are considered Out-of-Network. You may incur higher out-of-pocket costs. It is your responsibility to confirm network participation with your insurance plan prior to your visit.

Important: Notify our office of any insurance or policy changes before your appointment. Failure to do so may result in you being responsible for the entire bill.

PAYMENTS

- Copays, coinsurance, and deductibles are due at the time of service.
- We accept: Cash, Checks (w/ valid ID), Visa, MasterCard, Discover, American Express, and CareCredit®.
- A \$20 fee applies to disability/FMLA form completion.
- A \$40 fee will be charged for returned checks.

MISSED APPOINTMENTS / LATE CANCELLATIONS

We understand emergencies arise. If you need to cancel:

- Appointments cancelled with less than 2 business days' notice or no-shows will incur a \$50 fee.
- See specific cancellation terms for procedures and surgeries below.

IN-OFFICE PROCEDURES

Medically Necessary (Insurance-Based) Procedures:

- Require a \$150 deposit at booking.
- Deposit will be applied toward your procedure.
- Cancellations with less than 7 **BUSINESS days'** notice or no-shows will result in forfeiture of the deposit.

Cosmetic (Self-Pay) Procedures:

- Require a \$500 deposit.
- Cancellations with less than 7 **BUSINESS days'** notice result in deposit forfeiture.

Tattooing Sessions:

- Require a \$75 deposit.
- Cancellations within 7 **BUSINESS days**' result in forfeiture.

COSMETIC CONSULTATIONS

- A non-refundable \$100 consultation fee is due at booking.
- If you cancel or no-show with less than **7 business days'** notice, you will forfeit the fee and must pay a new fee to rebook.
- After your consultation, you'll receive a written quote with expiration terms.

COSMETIC SURGERY

- To book cosmetic surgery, a \$500 deposit is required. If cancelled with 3 weeks' notice, \$250 will be refunded. If cancelled with **less than 14 BUSINESS days'** notice, the full deposit is forfeited.
- If a cosmetic case includes a medically necessary component, standard insurance fees may apply and will be due at your pre-op.

MEDICALLY NECESSARY SURGERIES (INSURANCE PATIENTS)

- Your surgery will be billed to your insurance.
- Copays, deductibles, or coinsurance amounts will be collected at your pre-op appointment.
- Post-op care is included in your surgery fee. Charges may apply for unrelated issues or services outside of the global post-op period.

LOSS OF OPERATING ROOM TIME (SURGERY CANCELLATION POLICY)

We allocate significant resources to surgical preparation. When a procedure is cancelled too close to the scheduled date, it limits our ability to rebook that time and increases operational costs. Therefore:

- Surgeries cancelled with **less than 14 business days'** notice may incur a non-refundable \$500 fee, payable by the patient.
- This fee is not billable to insurance and reflects the administrative, staffing, and facility time already allocated.
- Exceptions may be made for documented medical emergencies.
- For surgeries scheduled at a hospital or external facility, cancellations within 14 business days will also result in a \$500 OR time loss fee.

FACILITY & ANESTHESIA FEES (Cosmetic or Insurance-Based)

- You may receive separate charges from the surgical facility and/or anesthesia provider.
- Our office will provide an estimated quote for cosmetic procedures, but we do not control third-party facility fees.
- You are responsible for paying these fees directly to the provider.

ACKNOWLEDGMENT

I have read, understand, and agree to the above financial policy. I understand my responsibilities regarding payment, insurance, and surgical scheduling.

Patient Signature: _____

Date: _____