



Financial Policy

Welcome to Greensboro Plastic Surgery. We have prepared this document to help you understand our financial policy and your financial responsibilities. If you have any questions, please reach out to our office.

Consultations: All surgical consultations are completed with Dr. Pace; there is a \$100 charge. In-person consultations with our estheticians have a \$50 charge.

The consultation fee may be applied towards your surgery or treatment if booked or completed within 30 days of the consultation.

Cancellations: We request a courtesy of 48 hours' notice if you are unable to make an appointment. Within 48 hours, much of the preparation work for your appointment has already been done. Consultations cancelled within 48 hours of the appointment will forfeit the \$100 or \$50 consultation fee and a new fee will be collected to reschedule to another date.

Reserving Your Surgery: To schedule your cosmetic surgery, we require a non-refundable reservation fee of \$500 or \$1,000 to be applied to the total surgeon's fee. Full payment is due no less than 14 days before your surgery unless otherwise specified.

If you cancel surgery more than 14 days beforehand, all money except the reservation fee will be returned. The reservation fee may be applied towards a new surgery date within 12 months.

If you cancel a surgery within 14 days of the scheduled date, only 50% of the surgeon's fee will be returned.

If you cancel the day of surgery, or if your surgery is rescheduled due to non-compliance with pre-surgical requirements, your total fees will be non-refundable as time has been reserved for the physician, anesthesiologist, and the operating room.

Insurance: Dr. Pace is an out-of-network provider with all insurance carriers. However, we can still bill your insurance on your behalf through the No Surprises Act (NSA) protections. Under this law, you cannot be billed beyond your in-network cost sharing amount, and it is then applied towards your in-network out-of-pocket maximum. In many cases, once your in-network limits are met, you may have little or no additional responsibility. Please note that patients who are contracted with Medicare, Medicaid, or Tricare do not qualify and cannot be treated through insurance with our office.

You must disclose all changes to your insurance coverage and plan. Failure to do so may result in the denial of coverage from your insurance carrier. You will be responsible for the additional costs associated.

Other Patient Responsibilities: Greensboro Plastic Surgery does not set fees charged by other entities, including, but not limited to, hospitals, anesthesia providers, laboratory, pathology, or radiology facilities, pharmacies, outside physician offices and supply/equipment vendors. Therefore, those fees are subject to change. The length of surgery may vary, which could impact the cost of the facility and anesthesia estimates. Pricing questions and/or disputes related to any outside service must be directed to the original service provider.

Surgeries, Cosmetic Services, and Skincare Product Purchases: There is no warranty, guarantee or refund for products, procedures, or services provided.

Disputes: On occasion there is confusion regarding charges or payment. We encourage you to contact our office first to discuss any concerns. If you contact a company (e.g., your bank, credit card company, insurance company, or third-party financing companies) with a disputed payment, and that company contacts us for information on the disputed charge, you authorize us to provide the company with relevant documentation to support our charges and billing, which may include Protected Health Information that would otherwise remain private and confidential.

Payment Options: We accept cash and all major credit cards for office services, products, and surgeries. Personal checks are only accepted for surgeries and must clear at least 7 days prior to the surgery date. Please make checks payable to Greensboro Plastic Surgery. There is a \$50 fee for any returned checks.

We also offer convenient financing options through CareCredit and Cherry, pending approval. Please note, this only applies to fees within the practice and may not be used for anesthesia or facility fees if the surgery is being performed at an outside facility.

I acknowledge that I have reviewed the Financial Policy and agree with the terms of this notice. If I had questions or concerns, I asked the staff at Greensboro Plastic Surgery, and these were addressed to my satisfaction. I understand that if I choose not to sign this form, Dr. Pace and his staff may not provide any future services beyond completing treatment plans already initiated; however, I will still be responsible for payment for services already performed.

Printed Name: _____

Date of Birth: _____

Signature: _____

Date: _____

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