

Financial Policy
(For cosmetic patients only. Insurance patients may skip this page)

We value our relationship with you and want to assure its ongoing success through a mutual understanding of our financial policies. Please read the Financial Policy in full. By signing at the bottom you are acknowledging that you have read the policy and understand it. A copy will be given to you once you meet with the surgical coordinator.

1. A \$50, non-refundable consultation fee, is due at the time of booking consultation appointment. This fee will be applied to any procedure scheduled with Dr. Ladner. We have a 24-hour cancellation policy. If your consultation is canceled inside of 24 hours, your fee will be forfeited.
2. In order to reserve your surgeon's time, a **20% NON-REFUNDABLE (or a minimum of \$1000.00)** deposit for the surgeon's fee is due upon scheduling surgery.
3. Payment in full is due **14** days prior to surgery. If payment is not received **14** days prior, surgery may be cancelled. ***Should you reschedule your procedure to a later date, the balance remains due in full on the original due date.**
4. Surgery cancellations and changes create serious scheduling problems. The surgical facility, anesthesiologist, surgeon and other staff are reserved and prescheduled in advance. Therefore, please understand the importance of respecting our **two- week** cancellation policy.
5. **Fifty percent of the surgeon's fees are NON-REFUNDABLE if your surgery or any portion of your surgery is cancelled less than 14 days before your surgery date. One hundred percent of the surgeon's fees are NON- REFUNDABLE if your surgery or any portion of your surgery is cancelled less than 7 days before your surgery date.** If surgery is scheduled less than 14 days prior to procedure, all fees are due at the time of the scheduling and all penalties apply.
6. If a refund is due to the patient for any reason, we require a minimum of 14 business days to process the refund check.
7. Should you need to reschedule your procedure, **you must give 14 days notice in order to apply any prepaid fees or deposits to a new surgery date.** If your surgery is cancelled and rescheduled more than once, a **\$250.00** rescheduling fee will apply. All prepaid fees and deposits are **forfeited** if not rescheduled within 6 months of the original surgery date.
8. Full payment for the surgical facility and anesthesia services is due **14** days prior to surgery. Please make payments directly to Keith Ladner, M.D. Inc.
9. **Surgical facility, anesthesia services and surgical assistant services are charged on an hourly basis. Your quote is based on an average time. If the procedure(s) takes longer than anticipated, there may be additional charges for the additional time.**
10. I understand that I am responsible for all pre-operative lab tests required to clear me for surgery (i.e., CBC blood test, EKG, Chest X-Ray). I also understand that I am financially responsible for all prescriptions pre and post operatively. These charges are not included in the surgical quote.
11. Should complications arise as a result of your surgery, you may incur additional cost.
12. If surgical revisions are necessary, you may be responsible for **surgical facility, anesthesia services, surgeon and other associated fees.**
13. The surgeon's fees include one year of normal post-operative care.

I certify that I have read and fully understand Keith Ladner, M.D. Inc. financial policies. I agree to be personally responsible for all payments.

Patient/Responsible Party's Signature _____ Date _____

Patient Coordinator _____ Date _____

*Any questions regarding the Financial Policy please contact Dr Keith Ladner's Surgical Coordinator at (303) 253-7686