



*Board Certified Facial Plastic & Reconstructive Surgeon
Mike Majmundar, MD*

Northside Plastic Surgery Financial Policy

1. A **NO SHOW** fee of \$50.00 may be assessed for each appointment missed. Notify us at least 24 hours in advance to cancel or reschedule your appointment to avoid the penalty.
2. Full Payment is due at time of service for all in-office cosmetic procedures performed same day.
3. Dr. Majmundar does offer **Second Opinion Consults** on surgery performed elsewhere that are less than 9 months old for a fee of **\$150.00**.
4. **Cosmetic Quote-** After you and Dr. Majmundar have finalized your treatment plan, we will provide you a price quote for your procedure. The quote will consist of Dr. Majmundar's fee, Operating Room and Anesthesia fees (if applicable). Also included is the initial consultation and immediate follow up visits. **As an incentive for patients to pay by cash, and to reduce administrative encumbrances associated with patient financing, prices quoted in this practice reflect the discount we extend for payment in full by cash and/or major credit card. Financing opportunities available in our practice are third-party, and offered as a courtesy. Our practice is neither party to, responsible for, nor required to explain, lenders' associated terms and conditions.** All quotes are **Valid for 90 days**.
5. **Non-Refundable Deposits-** We collect a **non-refundable surgical deposit of \$500.00** upon scheduling your surgery. A **non-refundable 50% Deposit of the total fee** is also collected for any in office procedure at the time of scheduling.
6. Full payment of cosmetic surgery is due at our office at your **Pre-Operative Appointment** prior to surgery. If the procedure is done at our surgery center, OR and anesthesia fees will be collected at the same time. If the procedure is scheduled at another facility, the facility will contact you directly for the appropriate facility and anesthesia fees prior to your surgery.
7. All medical records requests must be in writing and received 72 hours prior to the date needed. All medical record requests must be in writing along with a copy of your driver's license. There is a \$25.00 fee as well as a .25 cents per page charge for copying your records.
8. We charge an administrative fee of \$45.00 to complete certain administrative tasks such as completion of FMLA forms, disability forms, school forms as well as patient requested reports such as claims, statements and payment histories.
9. **Payment Options-** Cosmetic procedures are an excellent investment in your medical and psychological well-being. To make your healthcare investment cost-effective, we provide the following payment options for your **PRICE QUOTE**: 1) Cash or Certified Check 2) All major credit cards-VISA, MASTERCARD, AMEX, DISCOVER 3) CareCredit.
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10. **Rescheduling/Cancellation/Refund Policy-** If your surgery is rescheduled within 7 days of your scheduled date you will be charged a \$500.00 rescheduling fee. If your surgery is cancelled within 14 days of the scheduled date, you will be refunded all monies less the \$500.00 non-refundable deposit in addition to a \$50.00 administrative fee for refund processing. If your surgery is cancelled less than 7 days prior to the scheduled date you will be refunded 50 % of surgery fees, less the \$50.00 administrative fee and \$500.00 non-refundable deposit. If you paid by check there will be a 30 business day turn around for the refund. If you paid by credit card there will be a 3% processing fee on all refunds. All surgery fees include monies paid to Northside Plastic Surgery for Surgeon fees, Greater Atlanta Plastic Surgery Center for OR and Anesthesia (if your surgery is being performed at a local hospital, you will need to contact them for their refund policy). Cancelling any laser, skin tightening or in-office procedure within 48 hours of your scheduled date will forfeit your 50% non-refundable deposit.
11. There are no refunds on skincare products, makeup or Latisse. Exchanges for the products are permitted, if approved.
12. Additional charges such as lab work or additional testing will be billed to you by the lab or facility that has performed the testing i.e.: EKG, etc. We recommend that the patient be covered by health insurance at the time of the cosmetic surgery in the rare instance that a post-operative complication develops.
13. All charges related to additional procedures for revisions or complications are the full responsibility of the patient.

Patient Signature _____ **Date** _____

Alpharetta Location: 11681 Haynes Bridge Rd, St.200, Alpharetta, Ga. 30009

Atlanta Location: 960 Johnson Ferry Rd, NE, St.336, Atlanta, Ga. 30342

Office: 770-475-3146 Fax: 678-215-0880