

ROBERT W. BERNARD, MD
Cosmetic Surgery Associates of New York

Name _____
Address _____

Home Telephone () _____
Cell # () _____

Date of Birth ___/___/___
Insurance _____
SS Number _____
Referred by _____
Business Telephone () _____
E-Mail _____

List your allergies; _____
List pain medication sensitivity: _____
List operations and dates: _____

Have you had Lasik Surgery? (circle one) Yes No Date: _____
Do you smoke? (circle one) Yes No PPD? _____

Do you consume alcohol? No One drink/day or less _____ More than one/day _____
List your medical conditions (such as angina, heart trouble, high blood pressure, high sugar levels, thyroid problems, bleeding tendency, nervous disorders, seizures, etc.)

Have you ever been told you have or have had phlebitis, thrombophlebitis or varicose veins? Yes No

List any and all medications including herbal supplements: _____

Name and telephone number of your medical doctor:

Additional information that will help us take care of you:

Signature: _____

Date: ___/___/___

Cosmetic Surgery Associates of New York

OFFICE FEE POLICY

The doctors and staff of Cosmetic Surgery Associates of New York want your surgical experience to be as easy and comfortable as possible. Patients appreciate receiving this explanation of financial and insurance policies in advance.

Our charge for consultation is \$100, payable at the time of service. During the consultation, you can discuss goals for surgery, obtain recommendations and have your questions answered.

Cosmetic surgery fees are paid in advance. If you decide to have surgery, your initial consultation fee will be credited towards final charges. There is a nonrefundable scheduling fee (deposit) of \$1000 in order to reserve a time on our surgical schedule. All payments must be received three weeks prior to surgery.

In the event that you cancel your surgery for any reason other than a medical emergency, the following charges apply:

- Cancellation 14 or more days before surgery – full refund minus deposit
- Cancellation 7-13 days prior to surgery – Refund = 50% of total fees
- Cancellation 0-6 days prior to surgery – NO Refund

Some non-cosmetic plastic surgical procedures may be covered, either totally or partially, by insurance. The exact reimbursement may be unpredictable and therefore insurance reimbursement may not be accepted as reimbursement in full. A surgical deposit may be required at the time a commitment is made to proceed with non-cosmetic surgery, along with insurance forms that have assigned benefits to Cosmetic Surgery Associates of New York.

After surgery, our staff will complete any relevant insurance forms. This may take several weeks as we must collect reports to accompany the forms. In this way, we hope to maximize your reimbursement. Our staff is efficient and knowledgeable about insurance matters and you can rely on their expertise.

If you require our surgical skills and feel that a financial burden would be placed upon you, please discuss this with us before surgery to see if we can work out an equitable solution.

I have read, understood and agree to the above financial policy. I understand the charges not covered by my insurance company as well as applicable co-payments and deductibles are my responsibility. I authorize Cosmetic Surgery Associates of New York to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim.

I authorize my insurance benefits to be paid directly to Cosmetic Surgery Associates of New York.

Signature _____ Date _____

Print Name _____