

Gregory O. Dick, M.D.

Plastic and Reconstructive Surgery

FINANCIAL POLICY

COSMETIC CONSULTATION FEE

Our consultation fee is \$125.00.

COSMETIC SURGERY

To reserve a surgical date a **non-refundable** deposit equal to 25% of Dr. Dick's total procedure fee(s) must be paid at the time of scheduling. Should you have the need to reschedule **within two weeks** of surgery, please note that your deposit will be forfeited. If cancellation occurs within 72 hours of the surgery date, 75% of the total surgeon's procedure fee is non-refundable.

A pre-operative appointment will be scheduled at our office within two weeks of your surgery. **At this visit the balance of Dr. Dick's surgical fee is due.** All post-operative visits for the first year are included in the surgical fee.

Our office reserves the right to release your surgical date if fee(s) are not paid in accordance with our financial policy. Under special circumstances arrangements can be discussed with our office manager. Fee(s) quoted on the cost analysis sheet will be honored for one year.

Montgomery Surgery Center and First Colonies Anesthesia offer's our practice a "cosmetic rate" which may vary and fee(s) are based on time. **These fee(s) quoted are estimates only and are due the day of surgery and paid as follows either by credit card or cashier's check:**

- In some cases, there may be additional costs or pathology fees.
- Your anesthesia is provided by: **First Colonies Anesthesia Associates.**
- The facility is a separate charge and provided by: **Montgomery Surgery Center**

INSURANCE CONSULTATION/SURGERY

We will bill to insurance only if we are a participating provider, however it is your responsibility to verify if we are in network with your specific insurance plan. If for any reason your insurance company denies claims on your behalf it will be your responsibility to pay the office in full.

Once we have scheduled a surgery we do require a deposit of \$100.00, this amount will be applied to your remaining balance after services have been rendered and your insurance company has paid. If you cancel a scheduled surgery within 72 hours, this deposit will be forfeited.

CANCELLATION POLICY

We understand that your time as well as ours is valuable. However, if we do not receive a 48 hour cancellation policy you will be charged a cancellation fee of **\$100.00 for all procedures performed in our office including laser treatments.**

I understand and agree to all the terms on this financial policy.

NAME _____

DATE _____

Gregory O. Dick, MD, FACS
301-251-2600

9711 Medical Center Drive, Ste. 100

Rockville, MD 20850
www.gregorydickmd.com