

ROBERT L. CLEMENT, M.D., F.A.C.S.
FINANCIAL POLICY / MEDICAL RECORDS

Consultations / Office Visit

The initial consultation of \$50.00 must be paid at the time of service. This also applies to office visits.

Elective / Aesthetic

Full payment is required at the scheduled pre-operative appointment or one week prior to surgery, whichever comes first. If payment is not received, your surgery will be cancelled. If you cancel your surgery less than two weeks prior, a \$500.00 charge will be billed to you.

Insurance Filing

Dr. Clement is not a Medicare Provider. This means that if you are covered by the Medicare Program, and, you choose to see Dr. Clement, you will be responsible for the charges entirely. **You may not submit a claim for reimbursement at any time from Medicare for Dr. Clement's services.**

Please keep in mind that the ultimate responsibility for any bill is with the patient, and the patient will be held liable for the entire amount of the bill. Any difficulty involving the amount paid or allowed by your insurance carrier is between you and the carrier. **Please also note that you are responsible for all hospital, laboratory and anesthesia fees.**

An Additional Note

Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained. If revisional surgery is needed you be responsible for the facility and anesthesia cost. If your results or the duration of your results are not satisfactory due to physical factors such as sun damage, loss of elasticity or heredity factors beyond yours and Dr. Clement's control there will be a charge for secondary surgery.

I have read the above mentioned financial policies, and I agree to them.

Patient / Parent / Guarding Signature

RELEASE OF MEDICAL INFORMATION:

I hereby authorize the release of any information and/or medical records acquired in the course of my examination and treatment to consulting physicians, hospitals or affiliated clinics as deemed necessary by Dr Clement to aid on my examination or treatment. I have read these policies and agree with them.

Patient / Parent / Guardian Signature