



Aesthetic Surgical Associates
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American Board of Plastic Surgery
 American Board of Facial Plastic Surgery
 American Board of Otolaryngology
 American Society of Plastic Surgeons
 American Society for Aesthetic Plastic Surgery
 American Association of Plastic Surgeons
 American Society of Maxillofacial Surgeons
 The Rhinoplasty Society

The Premier Experience in Cosmetic Surgery....

FINANCIAL POLICY

Thank you for selecting Aesthetic Surgical Associates for your healthcare needs. In order to prevent any misunderstanding concerning the responsibility of payment for medical care and laboratory fees, the following information is provided:

HMO/PPO/Other Insurance Coverage / Medicaid

Aesthetic Surgical Associates does not accept insurance. We will be glad to provide you with the necessary forms and reports in order for you to file your claim.

Laboratory

You are responsible for all laboratory visits, pre-operative care, and post-operative care. We will provide you with the necessary forms for you to file with your insurance.

Payments

Payments are due at the time of service. Payments can be made with cash, check, American Express, Discover, MasterCard, and Visa. Financing options are also available. If you wish to finance, please contact the business manager for more information. There is a 5% financing fee added to the total cost of your surgery to cover processing and disbursement fees. In most cases, you can finance the entire balance of your surgery, less the \$500.00 booking fee.

Cancellation Policy

If surgery is cancelled within 14 days or less from your scheduled surgery date, your \$500.00 booking fee will be retained as a cancellation fee. *If you cancel surgery after your pre operative appointment 50% of the surgery price paid will be retained for fees incurred.*

Returned Checks and Charges

A charge of \$35 will be made for any returned check. In the event that any action is brought to collection, the patient is required to pay collection costs and/or attorney's fees. Aesthetic Surgical Associates will charge interest of 1% per month on any balances that are outstanding for more than 90 days.

Acceptance

My signature below indicates that I understand and accept full responsibility for the balance on my account for any services provided by Aesthetic Surgical Associates.

Signature

Date

Printed Name

Social Security Number