Financial Policy

This is an agreement between Foley Plastic Surgery Center, as creditor, and the Patient/Debtor on this form.

In this agreement the words "you," "your" and "yours" means the Patient/Debtor. The word "account" means the account that has been established in your name to which charges were made and payments credited. The words "we," "us" and "our" refer to Foley Plastic Surgery Center.

By executing this agreement, you are agreeing to pay for all services that are received.

Consultation fees: Consultation fees are due upon scheduling and are nonrefundable.

Surgical Fees: The 10% scheduling deposit is non-refundable. The surgical fee does not include laboratory fees before or after surgery, pathology bills, hospital fees, prescriptions, etc; these are paid directly to the provider. A $50.00 rescheduling fee will be charged each time I reschedule my surgery date. Canceling or rescheduling the surgery within two weeks of the scheduled date is subject to a 20% charge.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. In case of suit, you agree the venue shall be in Thurston County, Washington.

Returned Checks: There is a $45.00 fee for any checks returned by the bank.

CareCredit: Patients are welcome to use their CareCredit card in our office and authorize us to accept payments, at your request, via phone, mail, or in office. By signing you acknowledge that you are financially responsible for all CareCredit charges.

Waiver of Confidentiality: I understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the treatment you received at our offices may become a matter of public record.

Missed Appointment Fee: Patients who do not show up for an appointment or cancel with less than 24 hours notice may be charged a $20.00 fee. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments may be asked to transfer their records to another physician.

Records Fee for Copying and/or Transferring Records: You will need to request in writing, complete a medical release form and pay a reasonable fee. The clerical fee is $22.00, the copying fee is 0.93 cents per page for the first 30 pages and 0.71 cents per page for all other pages if you want to have copies of your records for yourself or sent to another physician or organization. You authorize us to include all relevant information, including payment history. If you are requesting your records to be transferred from another physician to us, you authorize us to receive all relevant information, including your payment history. If your medical record has been archived, a fee of $35.00 will be imposed.

Once you have signed this agreement you agree to all of the terms and conditions contained herein and the agreement will be in force and effect.

Patients Name *(please print)*: _____

Responsible Party *(if not the patient)*: _____

Signature _____ Date: _____

Witness Signature: _____ Date: _____