



## FINANCIAL POLICY REGARDING REVISIONS AND COMPLICATIONS

Every cosmetic surgeon has a few patients who will require revision or have some complications requiring additional surgery. The goal of cosmetic surgery is to improve appearance not for perfection and we cannot guarantee a specific result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. A small number may experience a complication or disappointing result. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases it may necessary to return the patient to surgery. It is our policy, as a predetermined courtesy to our patients, not to charge a surgeon's fee for complications or for required revisions within one year from the original surgery date. The patient will, however, be responsible for facility fees and anesthesia if performed outside our office at a surgery center. If the procedure is performed in our office, it is the patient's responsibility to pay for the facility/supply fee. If you desire additional related surgeries to improve on an acceptable outcome, the surgical fee may be full or reduced at the discretion of the surgeon.

### **The following situations are not considered revisions:**

- Breast Lift- Relaxation of skin and further dropping of breast
- Breast Augmentation- Capsular Contractures or desire for a change in size
- Liposuction- Desire for more fat removal from previously liposuctioned areas
- Face/Neck/Browlift- Recurrent sagging of the skin
- Fat Transfer- Desire for increased volume of fat transfer

Our goal is to make sure that you are satisfied with your surgery and we hope that no complications arise and no revisions are necessary. However, no cosmetic surgeon can guarantee this to his patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. Above all we want you to have a great experience and for you to recommend us to your friends. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_