WEST LINN PLASTIC SURGERY CENTER

GREGORY COMBS, M.D. **KARL WUSTRACK, M.D.**

PHYSICIAN AND SURGEON
PLASTIC AND RECONSTRUCTIVE SURGERY • COSMETIC SURGERY • SURGERY OF THE HAND

1830 Blankenship Road, Suite #100
West Linn, Oregon 97068
503-655-9727

OFFICE POLICIES

- **Insurance Billing Policy:**

  As a courtesy insurance companies will be billed for treatment on your behalf. If payment is not received due to a non-covered benefit, non-payment, co-pay and/or deductible, the patient will then be responsible for these services.

- **Cosmetic Payment Policy:**

  Full payment for surgery is due at the time of your pre-operative appointment, one to two weeks prior to surgery date. Cancellation within 48hrs.of surgery will result in a charge equal to 25% of the surgical fee, with the remaining balance refunded to you.

  Payment with a personal check, cashiers check, cash, Visa, or Mastercard is accepted.
  Please note that a retuned or rejected item will incur a $25 processing fee.

  Financing information is available from Surgery Loans.com, MedChoice and PFS through Mentor as an option for payment.

  The patient is responsible for lab fees, pre and post-operative prescriptions. All other follow up office appointments are included in the surgical fee.

  Moderate Sedation is included with the surgical fee. General Anesthesia is available at an additional cost.

- **Revision Policy:**

  When performing cosmetic surgery, perfection is always our goal. We recognize that sometimes surgical revisions are necessary to obtain optimal results. When this occurs the patient will be charged only for the cost of performing the revision. No surgeon's fee will be charged.

- **Pathology Policy:**

  All surgical specimens will be sent to pathology. The lab will generate a separate billing for pathology. Any questions regarding these services or related charges need to be directed to the appropriate lab.

  Cascade Pathology Customer Service: 503-413-1234
  Williamette Falls Pathology Customer Service: 503-657-6756

Patient Signature_____ **Date**_____