

General Financial & Scheduling Policy

Toby R. Meltzer, M.D., P.C.

7025 N. Scottsdale Road, Suite 302

Scottsdale, Arizona 85253

Phone: (480) 657-7006 Toll Free: (866) 876-6329 Fax: (480) 657-7020

Please read the following six pages very carefully. In order to schedule with Dr. Meltzer, please return the following forms as soon as possible:

- 1) This form (Office Copy) signed and dated. Please keep the Patient Copy (If received electronically, you will need to print off a second copy).
- 2) The Health History form – completed, signed, and dated.
- 3) Smoking Policy – signed and dated.
- 4) A non-refundable \$1000.00 deposit.*

Note: You must be 18 years of age.

Please contact our office by phone at 1-866-876-6329 or email at questions@tmeltzer.com. Local callers may dial 480-657-7006.

The following information is to help you understand our policies regarding payments, refunds, and scheduling procedures. It is designed to minimize any confusion regarding our policies. It will also give you the opportunity to ask questions on policies that are still not clear to you. We have included a copy for you to keep and a copy to be signed, dated and returned. If you are receiving this electronically, please print off a second copy for yourself. Because these policies can affect your surgery date and may result in payments that are non-refundable or cancellation fees we will wait to receive your signed copy before we schedule your surgery.

In a continuing effort to reduce the waiting time for our next available surgery date and to accommodate individuals who are ready for surgery and are on our waiting list, we have designed the following financial and scheduling policies. We have found that a cancellation of less than six weeks before a scheduled surgery date generally does not provide ample time for a patient on the waiting list to make the necessary arrangements for surgery.

- 1) *A \$1000.00 **non-refundable** deposit is required to schedule surgery. Payment of this deposit will reserve a surgery date (however, please note this may change by a few days) and the deposit will hold the current surgeon's fee for up to 12 months, subject to the cancellation policy described below. While we will do all we can to keep your fees at your quoted rate, we cannot guarantee hospital and anesthesia fees will not change. If you need to reschedule, **we will transfer your deposit only once to the new surgery date provided you do so prior to six weeks before your scheduled surgery date.** If you need to reschedule after that, we will require a new deposit and you will be subject to the new fees. Note: Office procedures require a \$500.00 **non-refundable** deposit to schedule. Deposit terms remain the same.
- 2) If Dr. Meltzer has never met you, he prefers that you meet with him in consultation a minimum of three months before your surgery date. **If you do not have a consultation with Dr. Meltzer ahead of time, you risk having your procedure postponed or canceled if you are deemed an inappropriate candidate for surgery at your preoperative appointment and you will be subject to all cancellation policies.**
- 3) A payment of 50% of your fees will be **due six weeks before** your scheduled surgery date and the remaining 50% will be **due four weeks before** your scheduled surgery date. If your first payment is not received by the due date, we will give you a courtesy call and if we are unable to get in touch with you, your surgery will be subject to cancellation or postponement.

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Please note: We do not accept personal checks. We do accept VISA, MasterCard, Wire Transfers, Money Orders, Cashier's Checks and Cash. Please check with our office regarding any other form of payment.

Initials: _____ Date: _____

Cancellation Policy

Cancellations by Dr. Meltzer:

Dr. Meltzer reserves the right to cancel, postpone or reschedule any surgical procedure if he feels it is in the best interest of the patient. It is in your best interest to schedule your consultation well in advance of your surgery date for several reasons including but not limited to being scheduled for the proper procedure; being an appropriate candidate for a particular procedure or being medically cleared for a particular procedure. If Dr. Meltzer finds it necessary to cancel or postpone your surgery, refunds will be based on the date of cancellation. **Patients that are not able to consult with Dr. Meltzer prior to their surgical date and are deemed inappropriate candidates for surgery may incur cancellation fees or lose their deposit.** Therefore, we strongly recommend that you meet with Dr. Meltzer no later than seven weeks before your desired surgery date.

Changes in your Surgery Date:

Dr. Meltzer will make every attempt to honor your surgery date within a few days. However, certain situations do occur and it may be necessary to reschedule your date. Therefore, we discourage you from making your travel plans too far in advance as you will be responsible for any fees associated with changing your travel plans.

Smoking:

Dr. Meltzer reserves the right to cancel your procedure if you are a smoker. This policy is designed to protect you - the patient. Patients who smoke are at a very high risk for poor or failed results. The sooner one quits the better, but you should quit for a minimum of four weeks prior to surgery. Furthermore, he requires that patients do not begin smoking for a minimum of four weeks after surgery. You will need to sign and date our smoking policy form showing that you understand the risks associated with smoking. This form is due with your final payment.

The following is an excerpt from The Journal of Plastic and Reconstructive Surgery:

"Smoking increases the risk of post-surgical complications, particularly with major procedures such as breast reconstruction and facelifts, according to Drs. Jeffrey K. Krueger and Rod J. Rohrich of the University of Texas Southwestern Medical Center at Dallas. It also lowers the odds that patients undergoing elective surgery will be happy with the cosmetic results.

"Nicotine, carbon monoxide, and many other toxic tobacco by-products clearly interfere with the dynamics of normal wound repair," the authors report. In the field of plastic surgery, they note, operations with the highest risk of smoking-related complications include breast procedures, facelifts and abdominoplasty. Such procedures, they explain, involve injury to large flaps of skin, and smoking may interfere with healing." *Plast Reconstr Surg* 2001;108:1063-1073.

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Hormones:

Currently we may have patients cease hormone therapy one to two weeks prior to surgery depending on both the length and the type of the surgical procedure scheduled and the anesthesia used. Hormone therapy may increase the risk of a blood clot. It is very important to time your surgery appropriately. Patients that are using pellets will need to coordinate their surgery dates accordingly and will not have as much flexibility if they wish to move up and/or change their dates. If you have further questions regarding hormone cessation, please contact our office.

Initials: _____ **Date:** _____

Cancellations Policy:

In the event of a cancellation, the following is a schedule of amounts that will be subtracted from your refund:

Cancellation of Procedure	
Cancellations 6-4 weeks before your scheduled surgery date	Deposit plus \$1000.00
Cancellations 3 weeks before and up to the day before your surgery date	Deposit plus \$2500.00 or 25% of fee, whichever is greater. Partial cancellations for multi-procedure reservations will be \$2500 of the canceled procedure or 25% of the fee whichever is greater.
Cancellations the day before and day of your scheduled surgery	Deposit plus \$2500.00 or 25% of fee, whichever is greater. Partial cancellations for multi-procedure reservations will be \$2500 of the canceled procedure or 25% of the fee whichever is greater, plus any fees incurred for test(s) performed, supplies used and a cancellation fee of \$500.00 for the anesthesiologist.
The following are fees that one might incur the day before or day of surgery:	Chest X-ray, EKG, Lab Test, IV Supplies, Medications, Pathology Transportation, meals and lodging.

Initials: _____ **Date:** _____

Additional Charges:

Occasionally certain circumstances will extend the surgical time or require monitoring/supplies that are above and beyond the average surgery time and the hospital and anesthesiologist will charge for this additional time. We will do our best to prepare you for any extra charges ahead of time at your consultation visit. When we believe that you may fall into this category, we will ask you to prepay these fees. Examples of certain situations that may cause these additional fees are as follows:

- 1) Complex medical history requiring additional time, monitoring and/or services.
- 2) Patients who require more time due to their body size or weight distribution. However, Dr. Meltzer will not operate on a patient whose weight prevents them from safely being in a lithotomy position (in stirrups) for an extended period.

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3) Other conditions as identified by Dr. Meltzer.

5) Pathology or diagnostic procedures that do not fall within the standard preoperative testing.

However, there may be times that the extra time is needed and you will be billed accordingly. This is one more important reason to visit Dr. Meltzer well in advance of your surgery date. This is one more important reason to visit Dr. Meltzer well in advance of your surgery date.

Initials: _____ **Date:** _____

Revisions:

Dr. Meltzer's revision rates are very low, yet surgical results vary based on many factors. People heal differently, some individuals tend to form scars, and smoking can have an impact on healing. These are just a few examples. Dr. Meltzer will generally not charge surgical fees for most revisions done within the first 12 months following surgery. Most revisions can be done under local anesthesia and there will usually be only a minimal charge for room fees. If the revision must be done at the hospital, one will incur hospital, ancillary and anesthesia fees if required. A deposit is required to hold the surgery date. Most of Dr. Meltzer's patients are from out-of-state and transportation and lodging fees for return visits will be your responsibility. For the most part, it is neither recommended nor advised that another surgeon do revisions on a procedure performed by Dr. Meltzer. Dr. Meltzer is not responsible for charges you incur from another practitioner or facility. It is always recommended that you have your local practitioner consult with our office or Dr. Meltzer prior to any type of corrective, diagnostic or revision procedures. If your situation is one that Dr. Meltzer feels can be safely referred to your local surgeon/primary care doctor and you would prefer not to travel to Scottsdale, he is willing to consult with and refer you to your local surgeon.

Initials: _____ **Date:** _____

Insurance:

Dr. Meltzer neither participates nor bills for any insurance companies. He will provide you with an itemized bill that you may submit to your carrier for his charges only. He can provide you with the necessary codes your insurance company may require to assist with authorization requirements. He is not a participating provider with either Medicare and/or Medicaid. **Patients having either Medicaid or Medicare must sign a waiver of non-coverage.**

The hospital rates are setup on a CASH basis only. This results in a significant savings to you the patient. **The hospital will not provide you with a receipt or an itemized bill to submit to your insurance carrier.** This portion of the bill will be your sole responsibility. The hospital requires us to have you sign an agreement stating:

"I understand that my admission to Greenbaum Surgery Center and/or Greenbaum Upstairs Care is not covered by insurance and agree to assume full responsibility for payment of this admission." By signing below, you acknowledge this understanding.

Signature: _____ **Printed Name:** _____ **Date:** _____

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That being said, we are seeing a very small percentage of patients whose insurance carrier may cover some or all of their surgery. The patient must get authorization prior to the procedure being performed or they will be subject to the cash pay policy and will not be given an itemized bill from the hospital or the anesthesiologist. Dr. Meltzer's fees will remain payable in advance. Patients will be responsible for all deductibles, co-pays, out of network fees, etc. We are not able to quote fees for procedures being covered under insurance. These fees are subject to your insured's contract with the hospital. They will vary and your portion of the payment could be greater than our contracted cash rate. The insurance carriers do not get the cash pay discount as they do not pay in advance. It is important that you allow ample time to get this insurance authorization. If insurance has not prior authorized your procedure before your surgery date you would have one of two options:

- 1) Adhere to the cash pay policy and receive no itemized billing for hospital and/or anesthesia (Dr. Meltzer will give you an itemized bill for his fees).
- 2) Reschedule your surgery to a later date and be subject to the cancellation fees if you do not reschedule six weeks before your original surgery date.

Initials: _____ **Date:** _____

If you choose to submit a claim to any insurance company or government agency, neither Dr. Meltzer nor any of his staff will have any communication with such insurance company or agency, until you sign a release authorizing our complete disclosure of all medical information. We will then accurately provide all information requested by the insurance company or agency relating to Dr. Meltzer's services only. Dr. Meltzer's office is unable to provide you with any hospital billing information. Please note that, by signing such a release, you will effectively approve our disclosure of **ALL** information about you in our records. This will include all aspects of the procedures performed by Dr. Meltzer, as well as all of your medical records obtained by us from other parties.

Initials: _____ **Date:** _____

Questions:

The space below is provided for you to list any questions you have about the above policies:

I have read and understand the above policies for Dr. Toby R. Meltzer, M.D., P.C. I accept these policies and have no questions except those listed above.

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Signature

Date

Printed Name

Address

City, State, and Zip

Phone Number (s)