



Associated Plastic Surgeons & Consultants, PC
Cosmetic & Reconstructive Plastic Surgery

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West Hills, New York 11743
Tel: 631-423-1000
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I hereby give Associated Plastic Surgeons & Consultants (APS&C) permission to render plastic surgical evaluation and treatment to:

I fully understand that Plastic surgery involves a level of care and service that may be different from that usually provided by a hospital emergency room and that my insurance provider may not reimburse all or any part of the fees for services rendered. The injury(ies) sustained may be competently taken care of by the emergency room staff, however, I am electively seeking Plastic Surgical treatment. Therefore, payment is agreed to be my personal responsibility. The hospital's fee is separate and distinct from the plastic surgeon's fee.

I understand that APS&C will assist me in the filing of all necessary insurance claim forms.

APS&C's fees fall within the guidelines set by www.fairhealth.org, a web site that has been set up by the Attorney General's office in New York State.

I understand that I will be fully responsible for all deductibles and coinsurance as contractually obligated by my insurance policy.

(if applicable) I understand that APS&C does not participate with Medicaid and as such all fees will be my personal responsibility. I acknowledge that I have been informed of this prior to the rendering of care.

I have been given to opportunity to ask any and all questions and all have been answered to my satisfaction.

Patient/Parent/Guardian

Print Name

Date