Elliot B. Duboys, MD, FACS

Associated Plastic Surgeons & Consultants, P.C.
Cosmetic & Reconstructive Plastic Surgery
Diplomate American Board of Plastic Surgery

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The injury you sustained can be taken care of by the emergency room staff, however, I am electively seeking Plastic Surgical consultation, evaluation and treatment. I hereby give Associated Plastic Surgeons & Consultants (APS&C) permission to render plastic surgical care 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 company may not reimburse all or any part of the fees for services rendered. . The hospital's fee is separate and distinct from the plastic surgeon's fee.

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

It is agreed that there will be a **"cosmetic" fee of $1,750** in addition to insurance company reimbursement. Our fees include post-operative follow-up for 90 days.

I understand that APS&C will assist me in the filing of necessary insurance claim forms, however, payment is agreed to be my responsibility.

My insurance company may, for example, subtract my deductible and co-insurance (contractual obligation co-payment, etc) from their insurance allowance reimbursement. My insurance company may down-code or reimburse for certain services rendered It is therefore agreed that these charges remain my personal responsibility to APS&C.

Legal fees associated with a delinquent account are also my responsibility. In the event my account goes into collection, I will be responsible for a service fee of $250 or 33% on the unpaid balance whichever is greater. This fee is in addition to all legal fees previously mentioned. Delinquent accounts greater than 60 days from the date services are rendered will accrue interest at the rate of 1.25%/Month.

By my signature below, I agree to all terms and conditions outlined above. All questions have been answered to my satisfaction

_____ Date: _____

Patient/Parent/Guardian

_____ DOB: _____

Print Name

SS: _____