

The following pages contain our New Patient Consents (*Step Three* on our Website). By now, you should have filled out your Health Information Forms on our secure online patient portal (*Step One* on our Website) and you should have read the Welcome Letter and Patient Information Packet (*Step Two* on our Website). If you have any questions about any of these steps, please do not hesitate to call our office for assistance. Any of our Front Office Associates will be happy to help.

As our Welcome Letter and Patient Information Packet discussed, our partnership to help reach your goals has already begun. The consents below will help clarify your rights and responsibilities as our patient. You will need to read and understand these consents. **We will ask you to sign that you have read and understand them when you come in for your appointment.** If you need to see them again, we will be happy to provide them to you.

CONSENT #1: HEALTH HISTORY ACKNOWLEDGEMENT

The Health Information Forms can be found on our online patient portal, which can be found by going to the site <https://criswellandcriswell.nextechweb.com/patient/newuser>. This was *Step One* and should have already been completed. If you have not, please do so next.

I have completed the Health Information Forms to the best of my knowledge. I have disclosed all the information related to my past and current medical history, including any medical diseases, past surgeries and current medications and allergies, and all other relevant information as requested. I understand the importance of disclosing this information and how it may affect the outcome of any service, treatment or surgical procedure performed by the physicians and staff at Criswell & Criswell Plastic Surgery.

CONSENT #2: NON-PARTICIPATING INSURANCE ACKNOWLEDGEMENT

If Criswell & Criswell does not participate with your health insurance company, Criswell & Criswell reserves the right not to submit insurance claims for the services rendered. If Criswell & Criswell does not participate with your health insurance company, Criswell & Criswell reserves the right not to facilitate the insurance claim process (including providing insurance codes). If I choose to apply for insurance reimbursement through a non-contracted insurance company, I may be responsible for submitting claims to my insurance company. I will be provided all required medical records from Criswell & Criswell Plastic Surgery to submit these claims.

CONSENT #3: CANCELLATION & FINANCIAL POLICY

Non-Surgical Procedures And Appointments

We understand that a situation may arise that could force you to postpone your consultation and other non-surgical appointments. Please understand that such changes affect not only your surgeon, but other patients as well. The physician's time, as well as that of other staff, is a precious commodity, and we request your courtesy and concern.

Payment for certain non-surgical procedures will be taken at the time of scheduling to secure your appointment. Cancellations three (3) days or less prior to your procedure(s) will result in a charge to your account of fifty percent (50%) of that procedure. Cancellations (or simply not showing) on the day of the procedure will result in a charge to your account of one hundred percent (100%) of that procedure.

If you have any questions or need assistance with financial matters, please ask one of our Office Associates to help you.

Insurance and Cosmetic Surgery

Cosmetic surgery procedures are not covered under health insurance. Any attempt to obtain insurance payment for these services is fraudulent. Our office will not assist anyone attempting

to defraud an insurance company or other entity. Attempting to defraud an insurance company, this office or any other entity may result in civil and/or criminal penalties.

If the requirements of medical necessity, as outlined in your insurance plan/contract, are met, we will submit a claim for surgery and/or procedures, provided that we participate with your insurance company. Some exceptions may apply. (see Consent #2: Non-Participating Insurance Acknowledgement). Any claims submitted to your insurance carrier will carry charges for services, including office consultation, for which you are responsible.

If the requirements for medical necessity are not met, your surgery will be cosmetic and you will be responsible for full payment, as set forth in the following Financial Policy: Surgical Patients. Once your surgery has been scheduled on a cosmetic basis, our office will not assist any patient in attempting to establish medical necessity for the surgery. If a patient requests our office's assistance in classifying a procedure as medically necessary after we have determined that there is no medical necessity and have scheduled the procedure as cosmetic, our office will deem such a request to be a cancellation of the cosmetic surgery, and such cancellation shall be governed by the below Financial Policy: Surgical Patients.

Financial Policy: Surgical Patients

Surgery scheduling requires careful planning and coordination between our office, the Surgery Center, the operating room staff, and your anesthesia provider, if applicable. In addition, special surgical and medical supplies, medicines, and instruments are ordered ahead of time for each case, and instruments are prepared and sterilized for each individual procedure. The operating room and your anesthesia provider are reserved for your specific surgery. Therefore, please understand the importance of our Cancellation & Rescheduling Policy, which is outlined below.

BOOKING FEE: In order to reserve surgical time, a \$1,500 non-refundable booking fee is due before we are able to proceed. This booking fee covers the costs of booking and scheduling the surgery and will go towards your payment for surgery. As such, it cannot be applied or used for any future procedures, products or services. We cannot schedule your surgical procedure without receiving the \$1,500 Non-Refundable Booking fee. We will accept a personal check, cashier's check, a major credit card, or cash. If you are paying your booking fee with any type of check, you must do so a minimum of three weeks (21 days) before your surgery date.

The balance of your financial responsibility is due a minimum of two weeks (14 days) before your surgery date. A personal check or bank check may be collected at your pre-operative appointment if this appointment date is at least two weeks before surgery. If paid in cash at two weeks or earlier, a cash discount of 3% will be offered. After this two week period only a credit card or cash, with no discount, will be accepted. If payment is not received two (2) weeks prior to surgery, your surgery date may be postponed or cancelled. There will be no exceptions to this policy.

We accept most major credit cards, cash or check. We also offer patient financing through Care Credit and are happy to provide you with information regarding the program. When choosing an approved financing resource to pay for your surgery with our office, please be aware that a 6% Processing Fee will be added to the total amount financed.

CANCELLATIONS: When scheduling your surgery, your booking fee reserves a specific surgery or procedure date. Cancellation fees apply to changes made to this date.

- ❖ Cancellations made more than 14 days prior to your surgery date will result in the loss of the \$1,500 booking fee.
- ❖ Cancellations made 8-14 days prior to your surgery date will result in the loss of the \$1,500 booking fee and an additional \$1,000 for loss of facility costs, and staffing.
- ❖ Cancellations made 7 days to 2 days prior to surgery date will result in the loss of the \$1,500 booking fee and an additional \$2,000 for loss of facility costs, staffing, and anesthesia.
- ❖ Cancellations made 1 business day or less from your surgery date will result in the loss of the \$1,500 booking fee and an additional \$3,000 for loss of facility costs, staffing, and unused instrumentation and supplies.

RESCHEDULING: In the event of a cancellation of your surgical date you will be charged the above fees and a minimum rescheduling fee of \$1,500 will apply. If Criswell & Criswell, PA agrees that emergency circumstances exist, you may reschedule your surgery without paying a rescheduling fee. However, you will need to pay the procedure fees and a non-refundable booking fee for the rescheduled procedure.

NICOTENE TESTING: Testing for nicotine may be performed on patients the day of surgery. Should you test positive for nicotine products, we reserve the right to cancel your procedure for that day. Refunds will not be given in this instance; Should you be allowed to reschedule your procedure, a minimum rescheduling fee of \$1,500 will be required, in addition to payment of the procedure fees and a non-refundable booking fee.

FACILITY AND ANESTHESIA FEES: I understand that facility and anesthesia fees are good faith estimates and may change based on the surgical location and on the individual facility's fee schedule. Each additional half hour of surgical time may result in an increase of approximately \$350 in facility and anesthesia fees. In the case of either an increase or decrease in surgical time, the procedure fees would not change.

COMPLICATIONS AND UNSATISFACTORY RESULTS: I understand that should postoperative complications arise necessitating care at an emergency department, a hospital admission, additional surgery, anesthesia, laboratory tests, etc., that I am responsible for any and all charges incurred and insurance may not cover any charges. I understand that unsatisfactory results may occur and that I may be disappointed with the results of my surgery. Although good results are expected, there is no guarantee or warranty, expressed or implied, of the results that may be obtained. Additional surgery may be required to improve results and the financial responsibility of the procedure will rest with the patient. This would include, but not

be limited to risks such as asymmetry, unsatisfactory or highly visible surgical scars, unacceptable visible deformities, poor healing, and wound disruption. It may not be possible to correct or improve the surgical results. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

LABORATORY TESTING, MEDICATIONS & ADDITIONAL COSTS: I understand that additional charges may sometimes occur should unforeseen circumstances arise or if laboratory testing is performed. The costs of medications and lab work are additional and NOT included in the procedure fees paid to Criswell & Criswell.

COMMUNICATION: Criswell & Criswell Plastic Surgery understands that email is a convenient and even preferred way to communicate. Criswell & Criswell Plastic Surgery cannot guarantee or be held responsible for the security of protected health information transmitted through unencrypted email.

CONSENT #4: SMOKING CONSENT

I agree to disclose to Criswell & Criswell any and all of my past and current nicotine use.

Patients who are currently smoking, use tobacco products, or nicotine products (nicotine patch, gum, nasal spray, or other) are at a greater risk for significant surgical complications of skin necrosis, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure.

Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Smoking may create a higher risk of complications, including the following: bleeding, infection, blood clots, pulmonary embolus, poor healing, increased bruising, major wound breakdown, failure of flap surgery, wound and chest infections, pneumonia, thrombosis, and heart and lung complications. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

CONSENT #5: MEDICATIONS, VITAMINS AND SUPPLEMENTS TO AVOID

Some medications and herbals should not be taken before surgery, as they may interfere with anesthesia and cause bleeding and bruising. Stop using all products listed below at least 10 days prior to surgery. You may resume using these products 48 hours after surgery.

Medications:

Actron, Advil, Aleve, Alka-Seltzer, Anacin, Analgestine, A.P.C or A.S.A, Anaprox, Ansaïd, Ascriptin, Asperbuf,

Aspercín, Aspergum, Aspirin, Aspirin Suppositories, Aspir-phen, Aspartab, Bayer, Buffdyne, Buffaprin, Celebrex,

Coricidin, Darvon, Darvon Compound, Daypro, Diclofenac, Dristan, Duragesic, Ecotrin, Equagesic Tabs, Etodalac,

Excedrin, Feldene,
Fiogestic, Fiorinal, 4 Way
Cold Tabs, Gelprin,
Haltran, Ibuprofen,
Indocin, Indomethacin,
Lortab ASA tabs,
Medipren, Meproamate,

Nutritional Supplements:

Bilberry, Cayenne,
Chondroitin, Echinacea,
Ephedra, Feverfew,
Fish oil caps, Garlic,
Ginger,

Midol, Motrin,
Nambutone, Naprosyn,
Naproxen, Norgestic,
Norwich Aspirin, Nuprin,
PeptoBismol, Pamprin,
Percobarb, Percodan,
Relafen, Robaxisl, Sine-

Ginkgo Biloba, Ginseng,
Glucosamine, Green Tea,
Kava Kava, Licorice Root,
Ma Huang, Melatonin,
Omega-3 Fish Oil,

aid, Sine-off,
SomaCompTabs,
Sulindac, Talwin, Tolectin,
Toradol, Triaminicin,
Trigesic, Vanquish,
Zorprin.

St. John's Wort, Valerian,
Vitamin E, Yohimbe.

*If you need to take something for headache, menstrual cramps or other aches and pains prior to surgery, you may take Tylenol (acetaminophen) as directed. Check the labels on any medicines or supplements you plan to take in pill, capsule or liquid form. Do not take anything containing acetylsalicycetic acid or salicylates.

CONSENT #6: CONSENT FOR PHOTOGRAPHY

As a patient of Criswell & Criswell Plastic Surgery, I agree to be photographed before, during and/or after the course of treatment. I understand that such photographs may be used for treatment purposes, and will remain the property of Criswell & Criswell. I hereby consent to such use of the photographs and release Criswell & Criswell from all liability related to the making and use of such photographs.