

FIPS Payment Policy

During all initial patient consultations, you will be given a fee estimate for your proposed aesthetic procedure(s). In-office procedure quotes will include the cost of supplies & materials along with surgeon fees. Surgical quotes will include surgeon fees, along with surgery center fees including facility operation room rental and anesthesiologist. Please note that the quote is good for 30 days only. If you choose to schedule the surgery more than 30 days in the future, it is possible that the fee will be different than the original quote. The Surgery Center controls their own fee schedules and may increase their fees at any time.

Payment for surgeries and in-office procedures may be made by cash, major credit card, or cashier's check. We also offer patient financing through CareCredit® and ALPHAEON®.

Regarding surgeries that may or may not be covered by medical insurance, there may be situations in which part of your surgery would be considered functional or medically necessary. In that case, your insurance may pay a portion of the surgery fee. If insurance is used, patients must have a valid referral from their primary physician and FIPS must be in-network with the insurance company. If these items are not followed, you will be considered a self-paid patient and will be financially responsible for the total amount of the services provided. We will file your insurance if we are under contract with your insurance company on your behalf. Patients must understand that all charges not covered by their insurance company are patients' responsibility.

Purely cosmetic services will not be billed to any third-party insurer. Payment of non-surgical treatments such as BOTOX®/XEOMIN, fillers, laser treatment, SkinPen® & ZO® peel treatments are made at the time of service by cash and debit/credit card. Payments can also be made with CareCredit/Alphaeon (if the total is \$200 or more).

In-office procedures require a deposit of 50% of the total procedure cost and surgeries require a non-refundable scheduling fee equivalent to 10% of the total surgery cost (or a minimum of \$500) to guarantee your surgery date & time. The remaining balance for in-office procedures is due the day of the procedure and surgery fees are to be paid in full at your pre-operative appointment.

Neither Fleming Island Plastic Surgery nor Dr. William Wallace is responsible for refunding any surgical fees or rescheduling fees that result from a patient's non-compliance. The failure to follow presurgical instructions includes nicotine, alcohol, drug use, failure to avoid or to take specific medications as instructed, and failure to follow day of surgery instructions.

If the in-office procedure is rescheduled or cancelled for any reason by the patient, the following reschedule/cancellation policy will be in effect:

Rescheduling less than 48 hours prior to the procedure will result in a \$100 rescheduling fee.

Cancellations less than 48 hours prior to the procedure will result in the loss of your deposit.

If surgery is rescheduled or cancelled for any reason by the patient, the following reschedule/cancellation policy will be in effect:

Reschedule/cancellation up to 14 days prior to your surgery date will result in a 25% loss of all fees paid or a 10% rescheduling fee.

Reschedule/cancellation within one week (7 days) of your surgery will result in a 50% loss of all fees or a 20% rescheduling fee.

If you reschedule/cancel 48 hours or less from your surgery date, you will forfeit 100% of all fees.

These do not apply to illness related cancellations where a Doctor's note is provided.

If Dr. Wallace feels that a revision or touch-up is necessary, you the patient will be responsible for additional fees. These fees may include surgeon fee, facility, anesthesia, and any additional supplies. The same rescheduling/cancellation policy mentioned above will also apply. We encourage you to contact our office staff for any questions that you may have, so that this policy may be clarified for you prior to scheduling any procedures.

Statement of Financial Responsibility

"I, the undersigned, have read the above & understand that I am responsible for all medical & surgical charges incurred by myself or my dependents. I authorize the release of any medical information necessary to process any claims that are processed on my behalf by the office of Dr. Wallace. I understand that my medical insurance contract is between my insurance company and myself and that the failure of the insurance company to pay my claim does not absolve my financial responsibility to Dr. Wallace. All court and attorney fees or other fees associated with the collection of my account are my financial responsibility."

By signing below, I have read, understand, and accept the FIPS payment policies/agreement.

X _____ Date: _____

FIPS Cancellation Policy

Medical Appointment Cancellation/No Show Policy

When you schedule an appointment with Fleming Island Plastic Surgery, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible. This gives us time to schedule other patients who may be waiting for an appointment.

- A \$100 non-refundable appointment reservation fee will be taken at the time of scheduling for all new surgical consultation patients and \$50 non-refundable fee for injectable patients
- Patients who fail to not show for a scheduled appointment will be considered a No Show and will be responsible for paying another reservation fee in order to reschedule.
- New patients with two or more No Shows or cancellation will not be rescheduled.
- Established patients with 3 or more No Shows, cancellation, or reschedules will need to pay a reservation fee to schedule new appointments. Chronic No Shows, cancellations, or rescheduled patients may be dismissed from Fleming Island Plastic Surgery.

Office Procedure Cancellation Policy

Scheduling of in-office procedures requires careful planning and coordination. In addition, special medical instrumentation is prepared and sterilized for each individual procedure. Therefore, please understand the importance of respecting our Cancellation Policy which entails the following:

- Deposit of 50% of procedure cost is due at time of scheduling appointment
- Cancellations of procedure less than 48 hours prior to your procedure{s} will result in a forfeit of your deposit
- Rescheduling of procedure less than 48 hours will result in a \$100 rescheduling fee
- Cancellation/Reschedule of a procedure due to a positive nicotine test will result in a \$100 rescheduling fee. If procedure is cancelled and not rescheduled, it will result in a forfeit your deposit. Patients that fail two (2) nicotine tests will be dismissed from the practice.
- Remaining balance is due at time of procedure

Surgical Cancellation Policy (this can also be found on surgical quotes)

Neither Fleming Island Plastic Surgery nor Dr. William Wallace are responsible for refunding any surgical fees or rescheduling fees, and reserve the right to deem a patient non-compliant for surgery, in which the cancellation/rescheduling fees will also apply.

A patient is considered non-compliant for the following: Failure to follow pre-surgical instructions includes nicotine, alcohol, and drug use. Failure to avoid or to take specific medications as instructed, and failure to follow day of surgery instructions.

If a surgery is rescheduled or cancelled for non-compliant, the following reschedule/cancellation policy will be in effect:

Reschedule/cancellation up to 14 days prior to your surgery date will result in a 25% loss of all fees paid or a 10% rescheduling fee.

Reschedule/cancellation within one week (7 days) of your surgery date will result in a 50% loss of all fees or a 20% rescheduling fee.

If you reschedule/cancel 48 hours or less from your surgery date, you will forfeit 100% of all fees.

These do not apply to illness related cancellations where a Doctor's note is provided.

Cancellation/Rescheduling fees do not apply to illness related cancellations where a Doctor's note is provided.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive fees. You may contact Fleming Island Plastic Surgery 24 hours a day, 7 days a week at 904-990-3477. Should it be after regular business hours Monday through Friday, or a weekend, you may leave a message or text our office.

By signing below, I have read, understand, and accept the FIPS cancellation policy.

X _____ Date: _____

FIPS Non-Smoking Agreement

At Fleming Island Plastic Surgery, we do everything we can to ensure that your surgical journey is as safe and effortless as possible. To achieve your best possible results, we require that every patient be completely nicotine free for at least one month prior to their in-office procedure or surgery. Patient should stay nicotine free until treatment is complete and they are discharged from the practice. This typically takes 3 months post operative but can be longer depending on healing. This policy is set with our patients' best interest in mind and holds true, regardless of whether this is a local procedure, or a procedure performed under general anesthesia.

You will be required to provide a urine sample to test for nicotine at the day of your pre-operative appointment as well as the day of your procedure/ surgery. If you test positive, your surgery will be canceled, and you must test negative before we can reschedule your procedure.

Each test taken thereafter will be patient responsibility at \$25.00 a test and there will be a 10% rescheduling fee added to the cost of your procedure or surgery. If a nicotine test is failed twice, it will result in dismissal from the practice and an inconvenience fee of 50% of that procedure or surgery.

If a procedure or surgery must be canceled due to a positive test result, all procedure or surgical cancellation fees still apply with the possibility of a rescheduling fee.

Please be cautious as nicotine patches, gums, hookahs, and vapes that are not set to 0% nicotine, will all cause you to test positive.

By signing below, I have read, understand, and accept the FIPS Non-Smoking policies/agreement.

X _____ Date: _____

FIPS Photo Consent

As part of your medical care, Fleming Island Plastic Surgery will take medical photography related to the surgical and/or non-surgical care you receive. When taken for clinical reasons, such as documentation for your medical records this does not require your permission. Your written permission is however required to use any such photography for non-clinical reasons.

By consenting to photography, you understand that you will not receive payment from any party. Whenever possible, your photos will be used without identifying information however, you understand that it may be possible for someone to recognize your photo if used outside of your medical record. By completing the section(s) below, you hereby authorize Fleming Island Plastic Surgery to create and retain photography of you prior to, during, and after receiving treatment or services.

PLEASE CHECK ONE BELOW:

- Yes to using photos for website/social media before and after

- Medical Records Only

CONSENT TO USE PHOTOGRAPHY

I hereby consent to the release and use of photography and videos taken of me for the following purpose(s) below. BY SIGNING BELOW, I CONFIRM THAT THIS CONSENT HAS BEEN EXPLAINED TO ME IN TERMS THAT I AM ABLE TO UNDERSTAND AND THAT THIS CONSENT WAS GIVEN VOLUNTARILY BY ME.

X _____ Date: _____

FIPS Email and Text Consent

Due to the changing world of healthcare and technology, Fleming Island Plastic Surgery (FIPS) has the ability to provide our patients with certain types of information via email and/or text messaging. Types of communication patients will receive, but not limited to include:

- Appointment reminders
- Medical record updates
- Pre/Post healthcare
- New healthcare services
- Upcoming events
- Specials and discounts
- Any other information FIPS sees valuable to patients

FIPS believes strongly in protecting the privacy of our patients. Our patients' personal information is only used as a way to communicate with you. FIPS does not share the names, email addresses, and/or phone numbers of patients with any other company, or with any other individual. FIPS follows all HIPPA rules and regulations. Patients are able to opt-out of these communications at any time.