

PRACTICE POLICIES

Lawrence M. Koplin M.D. F.A.C.S.,

465 N. Roxbury Drive, Suite 800, Beverly Hills CA 90210

Financial Policies –

Our practice offers paid consultations for all cosmetic procedures. Since Dr. Koplin sets aside at least an hour of his time to meet with patients we require a credit card at the time of booking to hold your appointment and there is a consultation fee of \$350.00, which is non-refundable. A no-show fee of \$350.00 will be processed for any patient who fails to notify our office at least 48 hours in advance of any changes or cancellations.

Once a surgical plan is determined, patients will be provided with a price quote. A 30% deposit is required to schedule a surgery date. The balance for all cosmetic fees is due two weeks prior to surgery. We understand that schedules change and do not charge a rescheduling fee if a surgical date needs to be changed once. However, a \$500.00 rescheduling fee will be incurred for each additional change. Please note that patients will be charged a \$5,000.00 fee for any non-compliance with pre-operative instructions that results in the rescheduling or cancellation of your surgery (i.e. taking blood-thinning medications, etc.)

Cancellation 8-14 days prior to your procedure date will result in a 35% loss of all fees. Cancellation 7 days or less from your procedure date will result in 50% loss of all fees. Cancellation 72 hours or less from your procedure date will result in 100% loss of all fees. No refunds are available if surgery is cancelled within 72 hours; this includes all fees for surgeon, operating room and anesthesia. Full refunds **are** available if the patient is not medically cleared for surgery with written documentation. Payment for services rendered at an appointment (i.e., office procedures, injectable treatment, etc.) are due at the time of the appointment.

PERMISSION FOR PHOTOGRAPHY –

Pre-operative and post-operative photos are required for all surgical procedures. I hereby grant permission to Dr. Lawrence Koplin and his designated representatives to take and use clinical photographs of my initial consultation or office visit, subsequent office visits and consultations and all operations for the purposes of plastic and reconstructive surgery with the understanding that such photographs are for confidential clinical record purposes and that all photographs shall remain the property of the doctor. I release and permit Dr. Lawrence Koplin and all parties acting under his license and authority to all rights of the photographs.

Patients can request printed or emailed copies of their photos upon completing a medical records release form.

In your pre-operative paperwork, you will have the option to share your pre-operative and post-operative photos for the use of patient and physician education. It is specifically understood that you shall not be identified by name and your face will not be included in any breast or body photos. In some circumstances the photographs may portray features that will make your identity; recognizable, even instances where every effort is made to conceal your identity. The information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

PATIENT NAME: _____ **SIGNATURE:** _____ **DATE:** _____