

# WILLIAM SAMSON, MD, FACS

PLASTIC AND RECONSTRUCTIVE SURGEON

5 COLUMBUS CIRCLE

8<sup>th</sup> FLOOR

NEW YORK, NY 10019

P: 212-590-5580

F: 212-590-5581

## Cosmetic Financial Policy

Welcome to the office of William Samson, MD. We have prepared this document to help you understand our financial policy and your financial responsibilities. If you have any questions, please reach out to our office.

**Cosmetic Consultations:** All consultations are with Dr. William Samson, a board-certified plastic and reconstructive surgeon. Consultation payments are collected at the time of scheduling. This fee is non-refundable. The good news is that the consultation fee is applied toward your surgery or procedure if booked or completed within 30 days of the consultation.

**Quote:** Following the consultation, we will provide you with a quote for the procedure(s) discussed with Dr. Samson. The surgical quote is an estimate of expected charges, and the professional fees are valid for one year. All routine pre-operative and routine post-operative visits for one year are included. Items not included are pre-operative testing, medical clearance exams, imaging, pathology fees, and/or prescription medications. Some of these fees may be covered by your medical insurance.

**Other Patient Responsibilities:** Dr. Samson does not set fees charged by other entities, including, but not limited to, hospitals, anesthesia providers, laboratory or radiology facilities, pharmacies, outside physician offices and supply/equipment vendors. These fees are subject to change without notice. Pricing questions and/or disputes related to any outside service must be directed to the original servicing provider. Please review and become familiar with the financial responsibilities for other facilities, as these are likely different from our policies and may supersede our policies.

**Reserving Your Cosmetic Surgery:** To schedule a cosmetic surgery, we require a non-refundable reservation fee of \$2,000 that is applied to the total surgeon's fee. The remaining balance is due no less than 3 weeks before surgery.

If payment in full is not received by 3 weeks prior to the scheduled surgery date, the date will be released and made available to other patients, and your paid reservation fee will be forfeited. Note: We encourage you to provide medical clearance and requested lab results at least 3 weeks before your surgery date to avoid unanticipated cancellations and reservation fee forfeiture.

**Cancellations:** If you cancel your surgery more than 3 weeks before the surgery date, all monies except for the \$2,000 non-refundable reservation fee will be returned. If you cancel within 3 weeks of the surgery, or if your surgery is rescheduled due to non-compliance with pre-surgical requirements, your total fees are non-refundable.

# WILLIAM SAMSON, MD, FACS

PLASTIC AND RECONSTRUCTIVE SURGEON

**Rescheduling Your Surgery:** Considerable time and personnel resources are required to schedule and reschedule a surgical procedure. Therefore, if you change the date of your surgery, you may be subject to a \$2,000 rescheduling fee.

**Revision Procedures:** There is no warranty, guarantee or refund for services provided. While it doesn't happen often, a revision procedure may be necessary. If it's within 1 year of your original surgery, you were compliant with the treatment plan and instructions, and your health hasn't changed significantly (including significant weight changes), Dr. Samson may reduce or waive his professional fee at his discretion. You will still be responsible for facility, anesthesia, labs, radiology, medication, services by other providers, and equipment/supply fees.

**In-Office Cosmetic Procedures:** All in-office cosmetic procedures require a \$1500 reservation fee, and the payment is collected at the time of scheduling. The fee will be applied to your procedure. This fee is non-refundable if you cancel your appointment. You may be subject to an additional \$1500 reservation fee if you reschedule your procedure.

**Disputes:** On occasion, there is confusion regarding charges or payment. We encourage you to contact our office first to discuss any concerns. If you contact an outside company (e.g. your bank, credit card company, insurance company, or third-party payors such as Alphaeon) with a disputed payment, and that company contacts us for information on the disputed charge, you authorize us to provide the company with relevant documentation to support our charges and billing (which may include Protected Health Information that would otherwise remain private and confidential).

## **Payment Options:**

**Cash:** We accept cash and will provide you with a receipt for your payment.

**Checks:** We encourage cashier's checks but will accept personal checks at least 3 weeks prior to surgery. Please make checks payable to William Samson, MD. A \$50 fee is assessed for any returned checks.

**Credit Card:** We accept all major credit cards.

**Financing:** We accept select financing plans through Alphaeon. Ask our office for more information.

By signing, I acknowledge that I have reviewed the Financial Policy and agree with the terms of this notice. If I had questions or concerns, I asked the staff at William Samson, MD, which was addressed to my satisfaction. I understand that if I choose not to sign this form, Dr. William Samson and his staff may not provide any future services beyond completing treatment plans already initiated (however I will still be responsible for payment for services already performed).

---

Patient Name (Print)

---

Parent or Legal Guardian Name (Print) if signing on behalf of a patient

---

Signature

Date

Financial Policy

Version 12.2022

WILLIAM SAMSON, MD, FACS

PLASTIC AND RECONSTRUCTIVE SURGEON