

FAQ's About My Surgery Costs

What is included in the cost of my surgery?

The total fee quoted for your surgery includes the specific procedure as stated, standard preop and followup visits, surgeon fee, and implants or specialty supplies as applicable. The quote for the hospital portion includes the facility fee and anesthesia fee, but is only an estimate based on proposed peri-operative time (under anesthesia care). If the actual total time is greater, the hospital reserves the right to bill for overage. We try to estimate as closely as possible, though we tend to err on the conservative side so as to help you avoid unnecessary billing time, but of course that does not account for unforeseen delays.

What other costs will I have besides the surgery?

Other expected costs include prescriptions, special labwork or testing that may be required, surgical clearance from your primary care doctor if required, and any home care or comfort items you might want or need.

When do I pay for my surgery?

Payment in full will be required at least 10 days prior to surgery. Most patients pay in full at their scheduled preop visit. If full or partial payment is received in cash (cashier's check), the cash discount will be applied accordingly (cash discount: \$100 per \$1000 up to \$500 for procedures over \$3000). *All quotes are given with the full and cash rate.* The cash discount only applies to the surgeon's portion of the bill. The hospital does not offer any additional discounts for payment via cash. They also do not accept Care Credit for payment for their portion of the bill (payment required via check or MC/VS/DISC). Prepayment of 5-7 days for the hospital's estimated charge is also required to be paid directly to them to avoid cancellation.

What if I decide to add a procedure to my original surgery plan?

Some patients ask to add minor procedures during their surgery, such as mole or lesion removal, or ask to do a more extensive procedure than originally planned. Any added procedures desired must be discussed with Dr. Howard and prepaid prior to the day of surgery. More extensive or additional procedures cannot be added on the day of surgery.

Does insurance pay for any costs related to my surgery?

Insurance does not pay any part of the surgery costs. Patients typically are able to get their prescriptions covered by their drug plan. EKG, chest xray or basic labwork is typically included in the facility fee if required by them prior to your surgery. They also may be covered by your insurance if they are ordered via your primary care physician as part of physical exam or surgical clearance. Most insurance plans do not cover any type of complications related to cosmetic surgery.

What if I decide to change or cancel my surgery?

In order to offer the best service and cost to all of our patients, we ask that you be certain you are going to pursue your surgery before you ask to be placed on the surgery schedule. ***We require a \$200 non-refundable deposit in order to be placed on the surgery schedule.*** If you cancel or change the date less than 4 weeks prior to surgery date, the fee is not reimbursed nor applied to surgeries scheduled in the future since we have pre-arranged staffing and administrative costs already incurred.

What if my surgery takes longer than expected?

We try to predict your surgical time and general peri-operative time (total time including preop and recovery) as close as possible when we prepare your quote. There are, however, times where the surgery takes longer than planned or things do not go as expected due to unforeseen circumstances. It may be possible for the patient to be billed additional surgical, facility or anesthesia fees for the extended time and added costs. We do not have any control over the fees billed by an outside facility or anesthesia group, who base their fees specifically on time.

What if I want a touchup or revision procedure after my surgery?

Results of surgery are not guaranteed. The original surgery cost does not include any unpredictable touchups or revisions that may be necessary or desired. Minor in-office revision procedures, such as scar revisions or symmetry adjustments that can be done under local numbing injections, are billed at a standard reduced rate of \$500-\$1000 per hour depending on supplies and staffing required. If the revision requires an operating room procedure, it will be quoted at the standard surgical and facility fee rates, as well as any implants or specialty devices or equipment that may be required. Revisions or touchup procedures will not be considered until the patient is at least 6 months out from surgery to allow the body to heal fully into its final state. Often, just being patient will lessen the need for any aesthetic improvements.

Do breast implants come with a warranty?

All breast implants come with a manufacturer's warranty for rupture and some for capsular contracture as well. Specific warranty details will be given to you after surgery along with your implant ID card and serial number information.

If I wait to have surgery, will the cost change?

Quotes are valid for 3 months from original date. Typically cost increases occur annually, so it is quite likely to be a little more than originally stated if 6 months or more have passed since your original quote.