

Barber Center for Plastic Surgery

PATIENT FINANCIAL RESPONSIBILITY

THIS FORM MUST BE SIGNED BEFORE TREATMENT IS INITIATED

Fees for Professional Services are payable at the time service is rendered. We accept cash, check, MasterCard, and Visa. We also offer CareCredit and SurgeryLoans.com as financing options. Our Patient Care Coordinator will discuss these options with you during your consultation.

MEDICAL RECORD RELEASE

I also authorize release of my medical records to any pharmacy or healthcare provider to whom I may be referred for a second opinion, for a consultation, for therapy or treatment upon my request. I also authorize obtaining any medical records from healthcare providers or pharmacies involved in my treatment.

I have received a copy of the “Notice of Privacy Practices” making me aware of my rights under HIPAA (Health Insurance Portability and Accountability Act).

Signature: _____ Date: _____
(Parent/Guardian, if patient is a minor)