



Dr. Jeanne Scanland, J.D., F.A.C.S.

The Center for Plastic and Reconstructive Surgery, P.C.

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DATE _____
PATIENT'S NAME (LAST, FIRST, MIDDLE) _____
PATIENT'S ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP) _____
SEX M F (CIRCLE ONE) E-MAIL ADDRESS _____
DATE OF BIRTH (MM/DD/YY) _____ AGE _____
MARITAL STATUS _____ SOCIAL SECURITY # _____
HOME PHONE (____) _____ CELL PHONE (____) _____ WORK PHONE (____) _____
EMPLOYER'S NAME _____
EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP) _____

Please complete the sections which apply (for minors, fill out sections for both parents):

Patient's Husband (FATHER IF PATIENT IS A MINOR) _____
ADDRESS _____
OFFICE PHONE (____) _____ CELL PHONE (____) _____ WORK PHONE (____) _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____
EMPLOYER NAME & ADDRESS _____

Patient's Wife (MOTHER IF PATIENT IS A MINOR) _____
ADDRESS _____
OFFICE PHONE (____) _____ CELL PHONE (____) _____ WORK PHONE (____) _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____
EMPLOYER NAME & ADDRESS _____

Primary Insurance Carrier _____ Secondary Carrier _____
Worker's Comp Yes/No Accident Date _____ Auto Accident Yes/No Accident Date _____

CONTACT IN CASE OF EMERGENCY (Person Not Living With You)
(Name) _____ (Home#) _____ (Work#) _____

HOW DID YOU HEAR ABOUT OUR OFFICE? (Please be specific)

- | | |
|--|--|
| <input type="checkbox"/> Friend (Name _____)
<input type="checkbox"/> Doctor (Name _____)
<input type="checkbox"/> Yellow Pages _____
<input type="checkbox"/> TV Channel 3 9 12 45
Saw commercial _____
<input type="checkbox"/> Newspaper _____
Other (Please List _____) | Internet - Dr. Scanland's Website _____
American Society for Aesthetic Plastic Surgery _____
American Society of Plastic Surgeons _____
LoveYourLook.com _____
<input type="checkbox"/> Facebook _____ Twitter _____ Instagram _____
<input type="checkbox"/> Other _____ |
|--|--|

- Would you be interested in financing your outpatient surgery? Yes No
- How can we confirm your appointment? Leave message at home? Yes No
- Can we text? Yes No Send E-mail? Yes No
- Send emails with discounts, specials and upcoming fun events Yes No

PLEASE READ REVERSE SIDE AND SIGN

We participate with the following insurance plans: BCBS of TN – Network P & S

1. If you are seen in the office for a cosmetic procedure, you will be expected to pay in full for your consultation at the time of your first visit with the patient educator. You will need to pay a \$500 non-refundable surgery scheduling deposit to receive a surgery date. Cosmetic surgery is paid at your surgery scheduling visit, after which time your surgery will be scheduled with the hospital or outpatient facility. Prepayment for a surgery must be made by cash, credit card, cashier's check, or you must have certification or promissory note from the financing company. If you need to cancel your surgery after payment has been made, you must give a minimum 7 days notice in order to receive a refund minus the \$500 non-refundable surgery scheduling deposit. If a 7 day notice is not given, a 30% cancellation penalty of the full surgery fee will be retained along with the \$500 non-refundable surgery scheduling deposit. If you cancel or change the date of surgery, your non-refundable \$500 surgery scheduling deposit will be retained and not subtracted from your surgery fees if you reschedule your surgery in the future. Neither the retained \$500 non-refundable surgery scheduling deposit nor the 1/3 retained of the full surgery fee can be applied to anything in the future. Credit card processing fees, will be subtracted from all refunds of any type.
2. If you have insurance through any company other than above, you will be expected to pay in full for your consultation at the time of your first visit. Your insurance policy is a contract between you and your carrier. Benefits are based on the type of policy you have. If there is any difference between what is charged and what your insurance pays, you will be responsible for the difference. Insurance companies set their own individual fees for each surgical procedure. Disallowed amounts are a reflection of the type of insurance policy you have, and are not a reflection of the doctor's fees. Although the prepayment amounts are collected for deductible and/or co-payment, you may still receive a bill from the office after the date of service. The amount you are billed is based on the amount that your insurance company disallows. Payment for this type of bill is due upon receipt.
3. All insurance coverage must be disclosed before services are provided. The Center for Plastic and Reconstructive Surgery, P.C. is not responsible for filing insurance that is not disclosed prior to having service provided.
4. Any procedure the doctor determines medically necessary will be pre-determined in writing with your insurance company. You will be notified once we receive the response. Your insurance company's decision regarding medical necessity is their independent opinion. Any procedure denied by your insurance company can be performed as a cosmetic surgery. You must have approval for surgery by your insurance company before you will be scheduled for surgery if you want your surgery to be filed with the insurance company. *Follow-up for major surgery through insurance is 90 days and follow-ups for minor surgery, such as lesions, scars or lacerations is 10 days. After the above coverage days, you will be charged for office visits.
5. If a balance is delinquent for at least 90 days, it will be turned over to collections for non-payment. A collection fee will be added to the existing balance. By your signature below, you agree to pay any collection agency fees, court fees, and/or attorney fees associated with collecting outstanding balance.
6. If your insurance company has not paid within 90 days of filing the claim, you are responsible for the balance.
7. There will be a \$25.00 service charge on all returned checks.
8. You agree to pay 2% interest per month on all balances due over ninety (90) days in addition to the balance.
9. You irrevocably authorize payment of surgical and medical benefits directly to the Center for Plastic and Reconstructive Surgery, P.C. and release of medical records to any hospital, surgery center or physician to which you are referred or to your insurance company for pre-approval or processing your claim. This includes release of medical records to third party payers and anyone assisting them or us in obtaining payment, including billing, coding, and collection agents, attorney and consultants. You release the Center for Plastic and Reconstructive Surgery, P.C. from any liability connected with the use of these records or the information in them by anyone outside the Center for Plastic and Reconstructive Surgery, P.C.
10. If you pay for all or part of the procedure(s) you have done or services that are provided to you, by credit card or debit card, or if you finance payment for them through some outside source, you irrevocably agree that: (a) The Center for Plastic and Reconstructive Surgery, P.C. may disclose and release your medical records to any credit/debit card company, bank, financing company or outside source when it requests such records or information to process an account or assist with payment ; and (b) you will not challenge such credit or debit card changes or financing payments once the procedure(s) or services are provided to you.
11. Each of the provisions set out herein is severable and subject to applicable law. If any provision is properly determined to be unenforceable or invalid, then it shall be automatically amended to make it enforceable and valid, but keeping it as close to its original meaning as possible. No other amendment, waiver or revocation shall be permitted except by the prior written agreement of both you and the Center for Plastic and Reconstructive Surgery, P.C.
12. In the event of an accidental exposure of my blood or body fluids to Dr. Scanland or staff, you consent to IMMEDIATE testing for HIV and Hepatitis.
13. You have read or had read to you all of the above and understand all parts of this authorization.

Signature (guardian if minor)

Date

Will you allow your pre and post operative photos to be used for education purposes? *Only face photos will have your face on them.* () Yes () No

Initials

Date