McLaren

BAY REGION

PLASTIC AND RECONSTRUCTIVE SURGERY
3175 W PROFESSIONAL DRIVE
BAY CITY, MI 48706
PHONE (989) 316-4110
FAX (989) 316-4115

SURGERY PROPOSAL/SCHEDULING

Patient Name: _____ Date: _____
Quote valid for 6 month from date

DOB: _____

Thank you for choosing our practice for your surgical needs.

The fees quoted are an estimate for the procedures listed below. Fees may be paid by cash, cashier check or credit card. ALL FEES ARE PAYABLE TWO WEEKS PRIOR TO Scheduled DATE OF SURGERY.

The fees quoted are for the cosmetic procedure(s) or cosmetic portion of your planned procedure(s) only. If you insurance company is billed for the procedure(s), or a portion of any procedure(s) included in this surgery session, you will be responsible to pay any copay, coinsurance and/or deductibles set forth by your insurance carrier. You are responsible for any additional fees associated with your cosmetic procedure(s) such as x-ray, laboratory, EKG or other services (should they occur).

☐ Cosmetic ☐ Cosmetic + Insurance ☐ Insurance

Procedure: _____

CPT Codes: _____

SURGEON FEE	
HOSPITAL FEE	
ANESTHESIA FEE	
TOTAL	

FOR OFFICE USE ONLY

Deposit _____ Deposit Date _____

Balance _____ Balance Due _____ Surgery Date _____