

TAMARA R. FOUNTAIN, M.D.

---

Ophthalmic Plastic and Reconstructive Surgery

## Terms of Self-Pay Surgical Procedures in Office

Ophthalmology Partners, Ltd., is happy you have chosen Dr. Fountain to perform your surgery. It has been determined that your surgery is not considered medically necessary and therefore not covered by third-party insurance.

It is important that you understand that fees paid to your surgeon are for services rendered, not for perceived results. While Dr. Fountain will strive for a satisfactory surgical outcome, results cannot be guaranteed for a variety of reasons including degree of post-operative swelling, and the sometimes unpredictable nature of wound-healing.

*In the event enhancement surgery is desired or needed in the first year, additional hospital and anesthesia fees will apply if the procedure requires a hospital setting.*

**A deposit of 50% of Dr. Fountain's fee is due at the time of booking and the balance is due on or prior to the day of surgery. The facility fee is due the day of surgery.** You may come to the office to make a payment, or call and give a credit card payment over the phone (Visa, Master or Discover).

Dr. Fountain's fee \_\_\_\_\_ 50% \_\_\_\_\_ Balance due \_\_\_\_\_

Facility fee \_\_\_\_\_

Your signature below confirms acceptance of the financial terms of non-covered surgical procedures. Again, thank you for choosing Ophthalmology Partners, Ltd. for your eye care needs.

---

Patient Name

---

Patient Signature

---

Date