

*Jason B. Diamond, M.D., F. A. C. S.  
9201 Sunset Blvd. Ground Floor  
Los Angeles, CA 90069  
T: 310-859-9816 F: 310-859-9815*

**Patients' Financial Policy**

This policy must be read and signed prior to seeing Dr. Jason Diamond. This policy is subject to change at any time. Should have any questions or concerns, please feel free to discuss them with the staff.

***Payment is due at time of service.*** We accept checks, cash, Visa, MasterCard & American Express. The consultation fee is \$250.00 and will be applied toward surgery upon scheduling. In order to schedule and reserve your surgery, a \$2,500.00 deposit is required and also applied to your surgery fees. The balance and full amount is due ***three weeks*** prior to your scheduled surgery date.

***Cancellation Policy***

Should you need to cancel your surgery for any reason without rescheduling ***less than two weeks prior to your surgery date, 50%*** of your total surgical fee will be non-refundable. If cancellation is made more than two weeks prior to your surgery date, the full amount will be refunded less the \$2,500.00 deposit. The original \$2,500.00 deposit will be applied toward a new surgery date if rescheduled within 4 months of the original date, otherwise a new deposit will be required.

***Insurance***

Due to the nature of this business most procedures are considered cosmetic. There are few procedures that are deemed medically necessary and are billable to insurance companies. Please note Dr. Diamond is not a provider of any insurance company. We will bill your insurance company as a courtesy; however, ***you are responsible for the full amount.*** A copy of your insurance card along with your driver's license is needed to submit a claim.

***In the uncommon circumstance that you need a return to the operating room following your surgery for any reason, you will be responsible for additional operating room and anesthesia fees.***

I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name