

**FLORIDA EAR NOSE THROAT
AND FACIAL PLASTIC SURGERY CENTER
WADE W. HAN, M.D., F.A.C.S.**

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FINANCIAL AGREEMENT

Welcome to our office. This form is intended to clarify your financial responsibilities. We value our patients and are committed to providing the highest quality service from a double Broad Certified Sinus and Facial Plastic Surgeon. Thank you for choosing our office for your ear, nose, sinus and facial plastics care.

1. I understand that payment for service is due on the day when the service is rendered. Payment for elective surgery is due one (1) week prior to the date of procedure.
2. I understand that outstanding balances must be paid prior to being seen by the provider.
3. I understand and agree that I am responsible for payment of all charges on my account.
4. I understand that additional treatment for touch-ups or revisions has additional cost.
5. I understand and agree that ear, nose, sinus or facial plastic surgeries are elective and there are no guarantees as to outcomes or patient satisfaction.
6. I understand and agree that if my account is placed into collection action, I will be responsible for all the cost of such action (collection agency and attorney's fees included).
7. Missed, changed or cancelled office appointments with less than 24 hours advanced notice have additional cost.
8. Missed, changed or cancelled outpatient surgery or office procedure with less than one week advanced notice have additional cost of minimum \$250.
9. I understand that once a service has been provided, there will be no refunds.

Print Name: _____ Date: _____

Patient Signature: _____

Witness: _____ Date: _____

Diplomate, American Board of Otolaryngology

Fellow, American College of Surgeons Fellow, American Academy of Otolaryngology-Head and Neck Surgery

Fellow, American Rhinologic Society

Fellow, American Academy of Cosmetic Surgery

Fellow, American Academy of Facial Plastic and Reconstructive Surgery