

**NOVA Plastic Surgery Financial Policy:**  
**Self-Pay Patients**

**Ashburn Office**  
**21785 Filigree Court**  
**Suite 206**  
**Ashburn, VA 20147**

**Reston Office**  
**1860 Town Center Drive**  
**Suite 255**  
**Reston, VA 20190**

Dear Patient,

Thank you for choosing NOVA Plastic Surgery for your plastic or reconstructive needs. This Financial Policy was developed to assist you in understanding how the billing for your services will be handled and your obligations with regard to billing. If you have any questions, please do not hesitate to consult a staff member.

**ER PATIENTS:**

Patients seen in the ER by Dr. Nukta will be given a Self-Pay discount on Dr. Nukta's emergency room fees. The entire amount is due at the first follow-up appointment.

**OFFICE VISITS:**

If you are seen by Dr. Nukta the fees are as follows:

- First Appointment is \$300.00
- Any Future Appointment is \$200.00

If you are seen by the Physician's Assistant or the Medical Assistant the fees are as follows:

- First Appointment is \$150.00
- Any Future Appointment is \$100.00

If the Physician's Assistant feels that you need to be seen by Dr. Nukta, you will then be responsible for the difference.

**SURGERY:**

If surgery is necessary, we will provide you with a quote for the procedure. We offer a self-pay discount on every self-pay procedure. A \$500.00 deposit is required to schedule the surgery and the remaining balance is due at least one week prior to surgery. In the case that surgery is scheduled sooner than one week from your appointment, the entire balance will be due at the time of scheduling.

**Self-pay charges are due at the time of service, prior to being seen. You are solely responsible at the time you receive the service.**

The charges for the services provided by NOVA Plastic Surgery depend on the nature and complexity of your problem. By signing this policy, you agree that the charges for all services rendered to you are reasonable and necessary.

Sincerely,  
NOVA Plastic Surgery

Initial: \_\_\_\_\_

**ACKNOWLEDGMENT AND AGREEMENT:**

By signing below, I acknowledge that I have read the NOVA Plastic Surgery Financial Policy. My signature below attests to the fact that I fully understand the Financial Policy and agree to the terms and conditions contained herein.

I understand that if I am under 18 years of age, I am required to have a responsible party over the age of 18 years read and sign this Financial Policy. The responsible party agrees to be bound by the terms of this Financial Policy to the same extent as the Patient.

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Responsible Party Name

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Responsible Party Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Initial: \_\_\_\_\_