

# AMOR PROPIO

AESTHETIC SURGERY

## INSURANCE COVERAGE OF ELECTIVE SURGERY COMPLICATIONS

- Any type of surgery, whether it is elective or necessary, involves some degree of risk for complications, major or minor.
- Unfortunately, many major health insurance policies **EXCLUDE** payment/coverage of complications that may occur after elective cosmetic/aesthetic surgery.
- For your safety and peace of mind, our office makes every effort to proactively prevent and prepare for surgical complications by:
  - Conducting thorough preoperative evaluations of your medical history and current health status
  - Operating in certified surgical facilities utilizing certified anesthesia providers (physicians and certified nurse anesthetists)
  - Performing meticulous surgical and sterile technique
  - Closely monitoring patients with frequent, open communication and postoperative follow up to catch potential complications before they become significant problems
  - Mandatory enrollment of 100% of patients in *CosmetAssure Plus* (elective surgery complication insurance)
    - For more details on the program, go to <https://cosmetassure.com/>
- Despite our best efforts, major complications can and do arise in a minority of patients that may involve (but not limited to): additional medical imaging, extensive laboratory workups, emergency department visits, prolonged hospital admission, urgent or emergent surgery, postsurgical rehabilitation, home healthcare, wound care supplies or wound care equipment, etc.
- Some of these expenses may be covered IN FULL, IN PART, OR NOT AT ALL by *CosmetAssure Plus* and/or your *Private Insurance Company*. Any fees not covered in full will be at **YOUR EXPENSE**.
- We do strongly recommend speaking with your insurance company prior to surgery to know what is/is NOT covered in the unlikely event a complication arises.

By signing below, I acknowledge I have been made aware that elective plastic surgery complications do occur and that treatments not fully covered by CosmetAssure and/or my Private Insurance Company will be at my own expense.

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PATIENT SIGNATURE

DATE