

The Plastic Surgery Institute
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Authorization For Use and Release of Medical Photographs/Slides and/or Videotapes

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides, and/or videotapes and to use these images for a purpose as defined within this consent document.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your plastic surgeon.

Medical photographs/slides and videotapes may be taken before, during, or after a surgical procedure or treatment. Consent is required to take such images.

Additionally, patients may consent to release these medial images for a stated purpose.

I hereby authorize Edward J Love, MD and/or his associates to take and/or use pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes for professional medical purposes deemed appropriate including but not limited to release to an insurance company if applicable, showing images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images. My identity in said images will be as confidential as possible.

Patient Signature: _____

Date:

Provider Notice to Patient Regarding Services That Could be Denied Payment by Medicare and/or Other Insurances

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would be otherwise covered, is "not reasonable and necessary" under Medicare program standards, Medicare or other insurances could deny payment for that service.

Patients Acknowledgment and Agreement To Pay

I have been notified by my physician/provider that Medicare or other insurance carrier could deny payment for services performed for me. If Medicare or other insurance carrier denies payment, I agree to be personally and fully responsible for payment.

Payment Agreement for Cosmetic Patients

All cosmetic fees must be paid for in advance of impending procedure. I agree to make full payment of cosmetic charges at least one (1) week prior to the surgery date.

Patient Signature: _____

Date:
