CENTER FOR
PLASTIC SURGERY

My Surgery Has Been Submitted to Insurance, Now What?

1. After your consultation, a prior authorization request is submitted to your insurance company to obtain approval before scheduling your surgery. This can take up to 30 days.
2. If an approval letter is received, you may proceed with scheduling your surgery. Out-of-pocket expenses (such as deductibles, coinsurance, etc.) are due 30 days before your scheduled surgery date.
3. If you receive a denial letter, our team will review the denial to determine if additional information is needed.
    a. If coverage is denied due to plan exclusions or because the procedure is deemed not medically necessary, we will provide a cosmetic surgery quote for your consideration.
4. If your insurance company does not offer pre-determination or prior authorization, it means they will not provide written confirmation of approval or denial before your surgery is performed. Here are the steps we take when prior authorization is not provided:
    a. A cosmetic quote (self-pay) will be provided to you.
    b. Full payment is due 30 days prior to your scheduled surgery.
    c. After surgery, a claim will be submitted to your insurance. Insurance companies have 180-365 days to determine if coverage will be provided.
    d. If approved, you will be reimbursed the amount paid, excluding any applicable out-of-pocket expenses.
    e. If denied, the payment made will be applied toward the cost of your surgery.

Your insurance procedure will result in three insurance claims;

1. Procedure Fee from Center for Plastic Surgery (CFPS)
2. Facility Fee from Center for Special Surgery (CSS)
3. Anesthesia Fee from Center for Special Surgery (CSSA)

Apply for CareCredit Financing:

Apply for PatientFi Financing: