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BOARD CERTIFIED PLASTIC SURGEON



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ADVANCE NOTICE

Your insurance will only pay for services it determines to be covered as medically necessary. If your insurance determines that a particular service, is “not reasonable and necessary” under your insurance program standards, they will deny payment for that service. It is your responsibility for payment of the bill if it should be denied by your insurance for any reason.

BENEFICIARY AGREEMENT

I have been notified by my physician that my surgery may not be covered by my insurance company. If my insurance denies payment, I agree to be personally and fully responsible for payment.

Signature _____

Date _____