

FORM F

Instructions:

- You may request the list of standard charges and services provided by the ambulatory surgical center at which you expect to receive services. To request such information, please provide your name, your date of birth, and the name of the health care facility from which you seek the information below, and return the completed form to the following e-mail address: billing@lexingtonplasticsurgeons.com. Please note that the failure to return this form to the above e-mail address may delay the response or invalidate the request.

Please complete the following information:

Patient Name: _____

Date of Birth: _____

Name of Health Care Facility: _____

I have read and fully understand the above, and represent that this information is accurate.

Patient: _____

Date: _____