

Dr. Celine Yeung

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Yeung Plastic Surgery Fees and Policies Agreement

Overview

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- C. Surgical Fees and Booking Policies
- D. Confidentiality Agreement and Communication policy
- E. Cancellation, Re-scheduling and No Show fees and policies

A. Summary of Fees

Consultation

For all **OHIP-covered services**, consultation fees are covered by your OHIP. As such, please bring a validated health card and ensure that the version code is up-to-date. Please also bring a list of your current medications, including over-the-counter and herbal supplements. Please bring an interpreter if needed. Please arrive on time.

The fee for a **cosmetic consultation** is \$150 + HST, which can be paid in full by credit card or e-transfer at the time of scheduling. A valid credit card or other form of payment is required. This fee must be paid before we proceed with booking your surgery.

Please initial to demonstrate that you understand and agree with this policy _____.

B. Non-surgical Fees

Pricing for injections like Botox or fillers will vary depending on what is required. A treatment plan will be developed between Dr. Yeung and her patients at the time of consultation to ensure goals and expectations are met.

Please initial to demonstrate that you understand and agree with this policy _____.

C. Surgical Fees and Booking Policies

1. Quotes are outlined to reflect the:
 - Surgeon's fee
 - Anesthesiologist's fee
 - Surgical assistant's fee
 - Operating room and equipment fees
 - Any additional items (e.g. implants)
 - Cosmetic procedures are taxable (HST is collected on the fees)

2. Quotes are valid for 6 months from the date of consultation and may be subject to change thereafter.
3. We accept e-transfer, certified cheques, bank drafts, and cash. If you decide to e-transfer, please e-transfer to celineyeung.mpc@gmail.com.
4. When you decide to book your surgery **outside of the hospital**, we require a deposit to secure the OR, nursing, surgical assistant, and anesthesia staff needed for your procedure on the chosen date. The deposit is 50% of the total fee.
5. When you decide to book your surgery **at the hospital**, the Patient Accounts Office requires the facility fees 2 weeks in advance of your operation. Once you receive a quote, please contact the Patient Accounts Specialist, Hussein Jadavji, at 416-756-6131, ext. 3857.
6. Payments can be made in installments if requested. **If you decide to make installments to your payment, please inform our team and we will provide a breakdown of when the payments should be made.** Full payment of the remaining balance is required at least 4 weeks in advance of your procedure date.

Please initial to demonstrate that you understand and agree with this policy _____.

D. Confidentiality Agreement and Communication policy

1. Maintaining strict patient confidentiality is of utmost important to Dr. Yeung and her team. We encourage all patients to use the Telus CHR secure patient messaging feature whenever confidential information is being discussed related to their healthcare.
2. If patients decide to contact or communicate their thoughts or concerns through our administrative assistant's e-mail (drcelineyeung@gmail.com), we cannot guarantee that the information they share in the corresponding e-mails will be kept confidential. If patients decide to use this method of communication, then there is implied consent and understanding that their healthcare information can be discussed on this forum.

Please SIGN to demonstrate that you understand and provide consent if this method of communication is used _____.

3. Virtual Care: "Any interaction between patients and/or members of their circle of care¹ that occurs remotely², using any form of communication or information technology, including telephone, video conferencing, and digital messaging (e.g., secure messaging, emails, and text messaging) with the aim of facilitating or providing patient care."

There are risks, benefits, and limitations associated with virtual care. There may be times when virtual care may be the most appropriate modality of care and communication. In these forums, the risk of possible privacy breach is not negligible. Furthermore, there may be clinical limitations in terms of the care that can be provided; an in-person follow-up may be required.

Please initial to demonstrate that you understand and agree with this policy _____.

E. Cancellation, Re-scheduling, and No Show policy

Consultation and follow-up appointment cancellation

A dedicated in-depth consultation involves a thorough review of not only your past medical or surgical history, but also your goals and expectations. During this time, Dr. Yeung will develop a shared treatment plan with you to ensure these needs are met. Not showing up for your appointment or re-scheduling 24-48 hours before affects not only the surgeon's time but also takes away from other patients.

1. Re-scheduling or cancellations must be made 2 weeks in advance. Otherwise, there is a fee of \$75.00 + HST.
2. Re-scheduling for the first time will be \$30.00 + HST. However, re-scheduling on the second time will incur a re-scheduling fee of \$100.00 + HST.

No show Policy

1. Whenever a patient does not show up for their appointment, it prevents another patient who requires care from receiving it. Not showing up for your appointment will be subject to a fee of \$50.00 + HST.

Surgical Cancellation

1. Once your surgery is booked, arrangements are made well in advance to reserve the operating room, equipment, nursing, surgical assistant, and anesthesia staff on your behalf.
2. Cancelling a procedure incurs operating costs for everyone involved, including all the peri-operative staff, OR nurses, anesthesiologist, assistants, and surgeon. As such, processing fees may be applied should you decide to cancel your surgery to help offset these operational costs.
3. A full refund will be provided if you cancel 4 or more weeks before your surgical date. If you cancel between 1-3 weeks before, you will be refunded 50% of the total fees, and charged a processing fee of 50% of the total fees. There will be no refund if you cancel your surgery date within 1 week of your surgical date, and you will be charged a processing fee equivalent to 100% of the fees.

Please initial to demonstrate that you understand and agree with this policy _____.