

# TODD C. HOBGOOD

*Facial Plastic and Reconstructive Surgery*

To our patients,

We thank you for your confidence in choosing to schedule a consultation appointment with Dr. Hobgood and we look forward to meeting you.

Enclosed is information designed to introduce you to some facts and our personal philosophy of plastic, aesthetic, and reconstructive surgery.

You will also find confidential medical questionnaires designed to assist us in the comprehensive evaluation of your individual goals. Please take your time in completing this important information prior to the appointment and bring it completed to your consultation.

You are welcome to bring any guests you feel are important for your experience and we appreciate the opportunity to answer all questions you or your loved ones may have at any time.

If you should need to reschedule this consultation, please notify us immediately. This will allow us to fill the appointment which has been reserved for you and provide you with a more convenient one. The fee for this consultation is \$110; payable at the time of your visit. If you choose to reserve a surgical date, a commitment of a deposit will be required to hold your desired surgery date.

After completing your initial consultation, Dr. Hobgood invites you to return, as needed, to allow you to become more comfortable with your personal surgical plan. You will also be provided personal contact information to discuss your concerns with Dr. Hobgood in confidence. There is no charge for additional consultation visits as we feel your understanding and confidence in your personal plan is paramount to our success as a team. Please contact our care coordinator at any time to schedule additional visits.

We welcome you to Valley ENT, P.C., home of Hobgood Facial Plastic Surgery, and appreciate the opportunity to meet you.

Dr. Todd Hobgood

Care Coordinator

[www.toddhobgood.com](http://www.toddhobgood.com)

4140 East Baseline Road, Suite 211 Mesa, AZ 85206 Tel 480.273.8680 Fax 480.306.7683  
Valley ENT, P.C.

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## *MISSION STATEMENT*

*Our mission is to provide a level of care that reflects our true feelings of friendship and obligation to our patients, their friends, and their families.*

*We provide superior care through medical experience that conveys warmth, compassion, energy, and enthusiasm.*

*Our patient's safety is paramount in our practice of aesthetic medicine. We hold ourselves to the highest ethical standards in our delivery of contemporary cosmetic care. We are committed to quality care in the most comfortable environment possible.*

*Education and communication form the cornerstones of a successful surgical relationship with our patients. We are committed to providing the most open and honest environment that invites patients to share their questions and concerns. The education process is not complete until our patients are knowledgeable and comfortable with their experience.*

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## **Scheduling Information**

After completion of the consultation process, you will be invited to return for additional visits or to schedule surgery at your convenience. Please be prepared with your availability when calling to schedule your surgery and pre-operative appointment. The time of your surgery may not be known until one week prior to your surgery date at which point our care coordinator will call you. Please note that **10% of your total fee is due within 72 hours of scheduling**. This amount is found on your cost analysis form as “down payment for scheduling.” We accept cash, personal check, Visa, MasterCard, American Express, Care Credit, or money order. Your money order or check should be made payable to Valley ENT, include the patient’s name and date of surgery, and mailed to:

Valley ENT  
c/o Dr. Todd Hobgood  
4140 East Baseline Road, Suite 211  
Mesa, AZ 85206

**The remainder of fees (90% of your total fee) will be due in full at your pre-operative visit without exception.** If you are unable to pay your fees at this time, your surgery will be cancelled in accordance with the cancellation/rescheduling policy as listed in the cost analysis form and as discussed during your financial consultation with our care coordinator.

The **pre-operative appointment** is generally scheduled 4 weeks prior to surgery and may last about one hour. At the pre-op visit, you will meet with Dr. Hobgood and our care coordinator to discuss the procedure, take photos, and give you all the information you will need to get through your surgery as comfortably and confidently as possible. You will also receive any necessary prescriptions during this visit and we encourage you to fill these one week prior to surgery for your convenience. Please come prepared with any questions you may have. All pre and post-operative visits are included in your total cost.

If you have any questions regarding the collection of fees, please do not hesitate to contact our office immediately. We will do everything we can to assist you through this process. We understand this is a very exciting time for you and we are committed to making this a positive experience.

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## **Rescheduling and Cancellation Policy**

As our patients approach surgery with excitement and anticipation, we understand the importance of maintaining a stable operating room schedule. All of our patients, their families, and our staff, dedicate a significant amount of time and energy in preparation for this very important decision. Having a reliable date selected for surgery is imperative for our patients and their families to prepare for the recovery process. Therefore, the following policy has been developed to ensure the date our patients select for their procedures will be reserved for them.

Patients who cancel or reschedule surgery **prior to 6 weeks** before the scheduled date will be subject to a \$100 charge for each change of date. This financial penalty is non-refundable and will not be applied to the cost of additional procedures.

Patients who cancel or reschedule surgery **6 weeks to 2 weeks prior** to the scheduled date will be subject to a financial penalty equal to 25% of the total surgeon's fee for their planned procedure(s). This financial penalty is non-refundable and will not be applied to the cost of additional procedures.

Patients who cancel or reschedule surgery **within 2 weeks** of the scheduled date will be subject to a financial penalty equal to 50% of the total surgeon's fee for their planned procedure(s). This financial penalty is non-refundable and will not be applied to the cost of additional procedures.

We appreciate your understanding of the importance of our commitment to our patients when scheduling their surgical procedures.

I have read, understand, and agree to adhere to the guidelines set above and described at the time of my surgery scheduling.

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Patient Name

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Date

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Signature of patient (or parent, if minor)

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Care Coordinator

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Date

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## **Financial Policy**

The consultation fee with Dr. Hobgood is \$110. All patients seeking consultation for cosmetic concerns are expected to pay this fee prior to their appointment. The \$110 consultation fee will be applied to any surgery that is performed under general anesthesia if the surgery is scheduled within 6 months. In the event multiple, qualifying procedures, are performed within 6 months, only one consultation fee will be collected.

All fees are due at, or prior to, the time of service as discussed during your cost analysis. We do not offer financing or accept post-dated checks.

We accept payment in the following forms: cash, personal check, money order, Visa, MasterCard, American Express, or Care Credit. Any returned checks will be assessed a \$25 penalty and result in the cancellation of surgery.

I have read the financial policy of Valley ENT P.C., home of Hobgood Facial Plastic Surgery, and agree to comply.

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Name of Patient

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Date

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Signature of Patient (or parent, if minor)

