

**OLIVE VIEW-UCLA MEDICAL CENTER  
PATIENT ACCESS  
POLICY & PROCEDURE**

**NUMBER: 806  
VERSION: 1**

**SUBJECT/TITLE:     PROCESSING AESTHETIC SURGERY PATIENT PROCEDURES**

**POLICY:**

**PURPOSE:**           To ensure that patients accessing services for Aesthetic (Cosmetic) surgery are appropriately identified and charged an up-front cost reflective of the elective services to be received.

**DEPARTMENTS:     PATIENT ACCESS**

**DEFINITIONS:**

**PROCEDURES:  
RESPONSIBILITY     ACTION**

**APPOINTMENT  
CLERK**

1. Receive referral to Aesthetic Clinic from physician.

**NOTE:** For the purpose of this policy, aesthetic (cosmetic) surgery is intended to alter the appearance of a normal organ or tissue at the request of a patient, but not designed to restore function, enhance impaired function, or repair or remove a defect resulting from disease, injury, or congenital anomaly.

2. Receive call from patient requesting an appointment for cosmetic or plastic surgery.
3. Interview patient to ensure that visit is scheduled to appropriate clinic.
  - A. Clinic Code 42: Plastic Surgery
  - B. Clinic Code BH: Aesthetic Surgery
4. Inform patient living outside of Los Angeles County that they are not eligible to receive non-emergent services.

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**PATIENT  
PROCESSOR**

1. Financially screen patients per existing procedures.
2. Identify patient scheduled for Aesthetic Surgery, code BH.
3. Inform patient the cost Aesthetic/Cosmetic Surgery clinic visits is \$300.00 per clinic visit.

**NOTE:** The charges are separate from the cost of the cosmetic surgery and are due prior to receiving each service, e.g. consultation, pre-op and post-op clinic visits. The actual cost of the surgery and payment options will be discussed during the Admissions Department.

4. Complete a Cashier Referral (attachment I).
5. Send patient directly to Cashier Office to make payment.
6. Inform patient that “*proof of payment*” must be provided prior to each service.
7. Scan into images, choose “Billing Authorization” under image type and use “*Proof of Payment and include the service type and date*”.
8. Annotate in “*New Person Comments*” the following:  
**“*Proof of Payment on file, refer to images*”, enter receipt number, date and service type.**

References:	
Approved by: Lisa Cruz (Assistant Hospital Administrator)	Date: 06/28/2019
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