



Financial Information

1. Scheduling

An advance deposit of \$1,000 per surgery day is required to schedule a date(s) for your procedure. This payment will be credited towards the balance due. Your appointment is only guaranteed for date(s) specified when the deposit is received to secure the time for your procedure.

Due to unforeseen circumstances surgery dates are subject to change so we advise you to schedule changeable airline tickets.

2. Refund Policy

Our refund policy requires at least a **22**-day cancellation. Your \$1,000 deposit is fully refundable if you notify us of any change at least **22** days prior to your procedure date. You will receive seventy-five percent of your surgery fee(s) minus the deposit if you cancel between 18-21 days prior to the surgery. There will be a fifty percent of your surgery fee(s) minus the deposit if you cancel 14 - 17 days prior to the surgery. **No refund** will be issued if you cancel 13 days before the surgery. This policy is necessary because we are fully booked weeks or months in advance. Once you have scheduled, we reserve that time with the doctor and staff so that they will be dedicated to your care.

If you change or cancel your appointment without a 22-day notice, your deposit will not be refunded and additional fees will incur the closer the cancellation or change occurs prior to your surgery date.

3. Payment

The total fee for your procedure is due 21 days or more in advance of your procedure, which can be paid by credit card (Visa, MasterCard or Discover), cashier's check or money order. We cannot hold surgery dates without payment. **We no longer accept personal checks or American Express credit cards.**

Financing available <http://www.feeplan.com/cosmetic-surgery-financing/index.asp>

4. Pricing

Prices are subject to change without any notice. As the cost of daily living rises each year, so do staff salaries, operating costs, as well as our demand. Please be advised that the price is only guaranteed when the deposit is received.

Upon receipt of this information, please sign and fax/mail back within 24 hours.

If you have any questions, please do not hesitate to call us at 1-800-368-4247

Although we send our patients a copy of directions to our office as a courtesy, IT IS THE PATIENT'S RESPONSIBILITY TO OBTAIN DIRECTIONS TO OUR OFFICE. We are on Mapquest.

Please sign, date and return this form within 24 hours to confirm you have read and understand our Financial Policies.

Signature: _____ **Date:** _____

Print Name: _____