



**INTERNATIONAL HAIR TRANSPLANT INSTITUTE**

1070 Powers Place. Alpharetta. GA. 30004

Phone: 800.368.4247 FAX: 678-566-1957

**Third Party Credit Card Authorization Form and/or Payment Agreement**

I, \_\_\_\_\_, do hereby authorize IHTI to charge the amount of  
Card holder's name

\$ \_\_\_\_\_ to my credit card (Please circle one): Visa MasterCard Discover  
Deposit

Card Number/Payment info: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

This transaction will serve as payment for: \_\_\_\_\_:  
Note: No additional grafts will be performed Procedure

Deposit: \$ \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_.  
Amount date of surgery name of patient

**AND: (will be charged 21 days prior to surgery date)**

I, \_\_\_\_\_, do hereby authorize IHTI to charge the amount of  
Card holder's name

\$ \_\_\_\_\_ to my credit card (Please circle one): Visa MasterCard Discover  
Balance

Card Number/Payment info: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total charges: \$ \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_  
Total amount surgery dates name of patient

**EXPLANATION OF FIT PREPARATION METHODS:**

SHAVEN DONOR AREA - \$8g - 500g/750g is the goal per day, but if not achieved, there is no refund. The back of head will be shaved to the scalp - the whole back of head and above ears. If you have prior scarring, it will be visible until hair grows out.

SHAVEN 'PATCH/STRIP' DONOR AREA - \$10g - 500g/750g is the goal per day, but if not achieved, there is no refund. This technique requires Dr. Cole to shave a small 'patch or strip' in the donor area while pinning the surrounding hair up. Hairs are extracted from this area only, and when the hair is unclipped, it falls down over the donor 'patch/strip' hiding that area. The disadvantage to this method is that the donor 'patch/strip' will have less density when it has grown back out, and may be noticeably thinner in that area.

NON-SHAVEN DONOR AREA - \$12g - 500g is the goal, but if not achieved, there is no refund.. (This technique requires Dr. Cole to cut one at a time individual follicular units.) Hair will be cut the day prior to surgery because this takes several hours.

**BY SIGNING THIS FORM, I AM ACKNOWLEDGING THAT I HAVE READ AND UNDERSTAND THE SHAVEN TECHNIQUES USED, AND THAT I AM SCHEDULED FOR THE PROCEDURE I PREFER AND I AM PAYING FOR THIS PROCEDURE. THE BALANCE IS DUE 21 DAYS BEFORE SURGERY, ON THE 20<sup>ST</sup> DAY YOU WILL BE REMOVED FROM DR. COLE'S SURGERY SCHEDULE IF THE BALANCE IS NOT PAID AND PENALTIES WILL BE APPLIED. THE STATE OF GEORGIA AND HIPPA REGULATIONS REQUIRE THAT THIS FORM BE RETURNED WITHIN 24 HOURS OF RECEIPT OR THE APPOINTMENT MAY BE CANCELED.**

Please sign and mail, email or fax the completed third party credit card authorization form as soon as possible to: (Please put it to the attention of Michelle Nester.) **Fax: 678-566-1957**

**ADDITIONAL FEES:** A mandatory fee of \$50.00 has been figured into your balance for Post-operative medications. Financing available <http://www.feeplan.com/cosmetic-surgery-financing/index.asp>

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**