

FINANCIAL POLICIES

SCHEDULING SURGERY

When you schedule your surgery, a non-refundable scheduling fee of \$300 is required to reserve a date for your surgery. Balance must be paid in full no less than 3 business days prior surgery date. If full payment is not received your surgery may be cancelled.

initials_____

CANCELLATION / REFUND POLICY

We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only you and both of the doctors, Dr. Alexander and the Anesthesiologist, but the operating room staff and other patients as well. All cancellations must be made in writing.

If you need to cancel your procedure for any reason or if your surgery is cancelled due to unpaid balance or due to the inability to obtain pre operative medical clearance, your payment - minus your initial deposit of \$300- will be refunded to you ** in the same form of payment received within 15 business days.

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****PLEASE KEEP IN MIND IF YOUR PROCEDURE IS CANCELED WITHIN 72 HOURS BEFORE THE SURGERY, YOUR REFUND WILL BE SUBJECT TO A \$1,600.00 LAST MINUTE CANCELLATION FEE. IF YOUR PROCEDURE IS CANCELED WITHIN 24 HOURS BEFORE SURGERY, YOUR REFUND WILL BE SUBJECT TO A \$2,600 LAST MINUTE CANCELLATION FEE. THESE AMOUNTS INCLUDE THE INITIAL DEPOSIT OF \$300. IF A PAYMENT IS MADE IN FORM OF A CREDIT CARD ANY REFUNDED MONEY WILL BE SUBJECT TO A 3% TRANSACTION FEE.**

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If after initially scheduling your Cosmetic surgery, you reschedule to a later date, an additional non-refundable scheduling fee of \$200 will be required. The exception to this is life threatening emergencies or medical illnesses prior to the operation. In these exceptional circumstances the \$200 rescheduling fee will not apply.

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The surgeon's and the Anesthesiologist's time, as well as that of the operating room staff, is a precious commodity, and we appreciate your consideration and concern.

My signature below indicates that I understand and agree to the above policy.

Patient's signature: _____ Date: _____

Co-responsible party signature: _____ Printed Name: _____