

COSMETIC SURGERY FINANCIAL AND DEPOSIT AGREEMENT

There is a non-refundable \$50.00 Consultation Fee for your initial consultation with Dr. Pearce. The fee is applied to your procedure once a deposit is made within 1 year of your consultation. The fee is due at the time of your consultation. Please be prepared to pay this fee at arrival. Payment options accepted for this fee include Visa, Mastercard, Cash (exact amount appreciated) or check.

Our office does not accept insurance for cosmetic procedures.

After your consultation you will receive a quote for your suggested treatment plan. The surgery fees for cosmetic procedures include Dr. Pearce's surgical fee, hospital operating fee, Anesthesiology fee and implants/ garments necessary for your procedure. Dr. Pearce's surgical fee includes your pre-operative appointment, and all follow up visits for the following year after your surgery. Quotes are valid for 90 days from consultation. There is a \$500.00 non-refundable deposit for cosmetic procedures. This is due at the time of scheduling surgery that will be applied towards the surgeon's fee. If you are not ready to schedule surgery a \$500.00 deposit will hold your quote for surgeons' fees for up to one year.

All fees associated with the surgical center will have a different financial policy that will be provided to you at time of deposit and can only be negotiated with the surgical center themselves. We cannot guarantee the quotes for surgical center, anesthesiology. implants or garments past 90 days.

*Please see quote for more information

1. Final payment for Surgery must be received 14 days prior to your procedure. You may pay by Visa, Mastercard Cash (exact amount appreciated) Cashier's Check or Personal Check. We also offer financing through CareCredit & Alphaeon. All quotes are Cash estimates. Please ask for credit card fees with your quote.

2. Surgeon Fee's Cancellation Policy:

- a. If surgery is canceled more than 14 days prior to surgery a full refund will be issued minus your nonrefundable deposit.
- b. If surgery is canceled within 7 days prior to your procedure you will receive a partial refund. The refund will be your total quote minus your deposit and 25% of the procedure. (This does not include surgical center fees)

INITIAL: _____

- c. If surgery is canceled within 7 days prior to your procedure you will receive a partial refund. The refund will be your total quote minus your deposit and 50% of the procedure. (This does not include surgical center fees)

- d. If surgery is canceled within 24 hours prior to surgery you will not receive a refund.

All credit card and bank fees associated with this refund will be the responsibility of the patient and subtracted from refund

3. The ONLY exceptions to this rule are if your physician cancels your surgery for life threatening health reasons, consideration will be taken for this circumstance. We must receive a dictation from your physician on company letterhead outlining the circumstances and receive any supporting documentation that applies, I.E., records of ER visits, diagnostic scans identifying medical condition, pregnancy test, etc. All documentation must be submitted to our office within 5 days of being dated by your physician. Funds refunded, minus your deposit may be put towards your future surgery or in the form of a check from our office. (All credit card and bank fees associated with this refund will be the responsibility of the patient and subtracted from refund) This does not include surgical center fees.

4. Your arrival time for surgery is set by your surgical center assigned to your surgery. Any lateness resulting in fees must be paid prior to surgery. Changes in the surgery schedule are impossible to predict and surgery times are estimates only, so your specific time may change. While we do our best to estimate as closely as possible, time estimates for arrival and discharge cannot be guaranteed. Any overage on surgical time for operating room or anesthesia must be paid within 90 days of surgery.

5. Lab work, Medical Tests, prescriptions, at home supplies or additional compression garments are the responsibility of the patient and not included in your quoted price.

FINANCIAL RESPONSIBILITY Pearce Plastic Surgery appreciates the confidence you have shown in choosing us to provide for your health care needs. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to endure payment in full prior to surgery. Additional fees you may incur depend upon your procedure. If your scheduled case extends past the allotted time, you will be responsible for additional anesthesia and operating room charges.

SIGNATURE: _____
PRINTED NAME: _____
DATE: _____