

## HAIR RESTORATION 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 hair restoration procedures.

After your consultation you will receive a quote for your suggested treatment plan. This quote includes all your pre and post operative appointments as well as your procedure. There is a \$2,500.00 non-refundable deposit required to schedule your procedure. This will be applied towards your quote. If you are not ready to schedule surgery a \$500.00 deposit will hold your quote or up to one year. Hair restoration procedures do not have surgical center fees as all procedures are done in office. The only out of pocket fee you will see outside of your quote will be for your medications at the pharmacy.

\*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 Cherry, CareCredit & Alphaeon. All quotes are Cash estimates. Please ask for credit card fees with your quote.

2. Cancellation Policy:

a. If surgery is canceled more than 14 days prior to your procedure a full refund will be issued minus your non-refundable 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.

c. If surgery is canceled withing 72 hours 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.

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

If using a credit card or financial facility all fees associated with this refund will be the responsibility of the patient and subtracted from refund

INITIAL: \_\_\_\_\_

3. The ONLY exception to this rule is 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)

4. Your arrival time for surgery is set by your surgical team. Any lateness may result in fees. These 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.

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

6. In some cases, during the procedure, Dr Pearce may decide the donor area can provide more grafts than what was originally quoted. In this instance we will give you the option to increase your grafts at the normal fee schedule. If you decide to accept this treatment, payment for the additional grafts will be due at your 2-week post-operative appointment.

**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.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_