



FINANCIAL & DEPOSIT AGREEMENT

We do not accept insurance for elective cosmetic procedures.

Deposit

Scheduling a surgical procedure requires the coordination of many different resources. This takes time to handle properly so that the patient will enjoy a quality experience. You acknowledge and agree that upon execution of this Invoice of Surgical Fees (the “Agreement”), Paul Pearce MD Plastic Surgery PLLC d/b/a Pearce Plastic Surgery (“Pearce Plastic Surgery”) will incur certain costs and expenses in order to schedule and prepare for your procedure(s). As such, you are required to pay to Pearce Plastic Surgery a one-time NON REFUNDABLE deposit in the amount of \$1,000.00 for cosmetic procedures and/or \$2,500 for any hair transplant procedures (the “Deposit”) with the execution of this Agreement. You agree and acknowledge that the Deposit SHALL IN NO EVENT BE REFUNDABLE, NO MATTER THE CIRCUMSTANCES. Specifically, failure to obtain medical clearance for any reason shall not entitle you to a refund. Your deposit IS transferable to other certain procedures in office (Not including medspa services. Ie:non-surgical procedures)

You agree and acknowledge that your payment of the Deposit is valid for one (1) year. Thereafter, you will be charged an additional amount to proceed with this, or any other, procedure(s) with Pearce Plastic Surgery. You also understand that should your procedure(s) not occur within one (1) year from the execution date of this Agreement, the prices quoted herein may be subject to change. Also any included after surgery treatments (such as scar treatments, laser treatments, Platelet Rich Plasma treatments, etc) not completed within the one year from the date of the original procedure will be forfeited and additional costs will be incurred if those desired treatments are to be completed.

Dr Paul Pearce
Pearce Plastic Surgery & Texas Hair Restoration Center
1600 W 38th Street, Ste 300, Austin, TX 78731
512-764-9076 Phone/Text – 512-777-5019 Fax
www.PearcePlasticSurgery.com
Info@PearcePlasticSurgery.com

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Payment and Terms.

You agree and understand that the attached-quoted amount (the “Amount Due”) ONLY includes the following: pre- and post-operative visits; and the above-listed procedure(s) and listed items on your quote. You must obtain any and all blood work, CXRs, mammograms, medical clearance, prescriptions, and other ancillary services at your own expense.

You also agree and acknowledge the total Amount Due shall be paid in full two (2) weeks prior to the date of your surgical procedure(s). Your failure to remit the total Amount Due by such date will result in the cancellation of your procedure(s). You also agree and acknowledge that payment of the Amount Due, and any rescheduling or cancellation fees, are your responsibility. If someone other than you makes any payment(s) towards the surgical procedure(s), then that payor must also sign this Agreement. By signing this Agreement, payor is agreeing to be held financially liable for any and all payments made, subject to the cancellation policies in Section 3, and any other applicable provisions of this Agreement.

You agree and acknowledge that with any medical procedure RESULTS ARE NOT GUARANTEED. To be clear, your obligation to pay the total Amount Due, as well as any other obligations hereunder, are operative regardless of the outcome of any procedure(s). Your payment is for the services provided hereunder, not the results. In the event that you are not satisfied with the results of your surgical procedure(s), your treatment, or you wish to discuss any payment terms, then you should contact Pearce Plastic Surgery at (512) 764-9076. Moreover, you agree to mediate any payment dispute prior to seeking a chargeback from any third party. If you schedule a revision surgery within one (1) year from the date of your procedure(s), you will be required to pay for: operating room costs, supplies, anesthesia, surgeon’s fees if applicable, and other ancillary costs related to that revision surgery. If you schedule a revision surgery more than one (1) year from the date of your procedure(s), then you will be required to pay in full for any revisions, and subject to any change in price.

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If scheduling your surgery less than 2 weeks prior to your surgery date, full payment must be made at the time of scheduling. If paying by check, a certified bank check will be required. Credit card payments will require a copy of your driver's license to be present in your patient file.

Any disputes with the credit card company used for payment after the procedure is completed, patients acknowledge by signing below that they will waive their right to portions of the HIPPA policies and that portions of their medical records will be used to clarify the dispute with the credit card company. This can include all documents that authorized the procedure by you, the patient.

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 the surgical center, anesthesiology, implants or garments past 90 days. All surgery times are estimated and any overages are the responsibility of you, the patient.

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 depending upon your procedure. If your scheduled case extends past the allotted time, you will be responsible for additional anesthesia and operating room charges.

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Cancellation

In the event that you cancel your surgical procedure(s) (for any reason whatsoever) you agree and understand that the following applies:

(a) 15 days' notice.

If you cancel your procedure(s), for any reason whatsoever, and such cancellation occurs fifteen (15) or more days before the scheduled procedure(s) (or at any time if no procedure has been scheduled), then you shall be entitled to the Amount Due less the Deposit. If the Amount Due was not paid in full, then the refund shall consist of the amount then-paid to Pearce Plastic Surgery, less the Deposit.

(b) 8-14 days' notice.

If you cancel your procedure(s), for any reason whatsoever, and such cancellation occurs less than fifteen (15) days but no fewer than eight (8) days before the scheduled procedure(s), then you shall be entitled to a refund of fifty percent (50%) of the Amount Due less the Deposit. Moreover, if you completed the preoperative visit prior to cancellation, then an additional \$500.00 will be deducted as a cancellation fee (the "Post-Op Cancellation Fee"). If the Amount Due was not paid in full, then the refund will consist of the amount then-paid to Pearce Plastic Surgery, less the Deposit, and less the Post-Op Cancellation Fee, if applicable. In addition, you understand and agree that your refund may also be reduced by any costs incurred from third-party providers in connection with your procedure(s), such as, but not limited to, the costs of implants.

(c) 0-7 days' notice.

If you cancel your procedure(s), for any reason whatsoever, and cancellation occurs less than seven (7) days before the scheduled procedure(s), then you agree and acknowledge that you WILL NOT BE ENTITLED TO ANY REFUND WHATSOEVER.

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You may choose to reschedule your procedure(s) (a “Rescheduled Procedure”), in which case you will be assessed an additional \$1000.00 rescheduling fee (the “Rescheduling Fee”) in addition to the Amount Due hereunder. You agree and understand that should you cancel any Rescheduled Procedure, you will also be assessed a \$1,000.00 cancellation fee for each canceled Rescheduled Procedure.

Refunds and Claims

We are taking great measures in order to avoid disputes, claims and chargebacks. If you would like to receive a refund for charges or changed your mind about having a procedure done, please email our accounting department at Refunds can take up to 21 business days to be processed. Info@PearcePlasticSurgery

Patient Signature: _____

DATE: _____

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