
Financial Agreement for Cosmetic Surgery

Description and definition of Financial Agreement for Plastic Surgery: This form describes our policy in order to schedule your surgical procedure.

The following is the statement of our financial agreement which we require you to read and sign prior to your surgery appointment being schedule with us.

PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CASHIER CHECKS, VISA, MASTERCARD AND DISCOVERY

We require our patients to pay a \$1000.00 deposit prior to scheduling the surgery appointment. **This deposit will not be refunded if the surgery is cancelled and not re-schedule.** This money will be credited if surgery is rescheduled and also can be use for fillers, Botox, our product line and also laser treatment. When the surgery is schedule, the patient must come in to our clinic prior to surgery to pay the remaining balance. If your are using a service like Surgery Loan, Care Credit, Chase Health or any other financial services, the loan or credit line must be approved and the process completed prior to surgery.



The following are the procedures that have been discussed and elected to be done:

Procedure (s):

Surgery amount:

Surgery deposit: \$1000.00

Final balance:

Surgery date:

Balance due date:

I understand that I am responsible for the remaining balance . I agree to pay in full what I am responsible prior to surgery. I also understand and agree to all the terms of this financial agreement.

Signature

Date