

FEE AGREEMENT

Patient Name:

DOB:

Please initial each clause and sign below to indicate you have read and understand the fee agreement.

_____ Pacific Center for Plastic Surgery requires all medical services to be paid in advance. A \$500.00 administration fee is required at the time of scheduling for all surgical procedures. This fee is applied towards your surgery. The remaining surgery balance must be paid in full at the pre-op or the pre-op appointment will be rescheduled. If the pre-op appointment is rescheduled, the surgery date may have to be rescheduled also.

_____ Surgery cancellations require notice to our office in writing. If the cancellation request is after the pre-op appointment and prescriptions have been issued, no refunds will be made until the prescriptions are returned to the office. We will not reimburse prescription fees if prescriptions have been filled. If surgery is cancelled, the administration fee will be retained by the Pacific Center for Plastic Surgery. The work of our staff on behalf of our patient intensifies when the patient elects for surgery. In an effort to provide the best possible service to all patients, the administrative fee is necessary to offset some of the expenses of a cancelled surgery. Cancelled surgeries financed through one of our office finance plans will be held to the cancellation policies of the financing company. If surgery must be cancelled due to illness or any other circumstance, the standard fees as listed above will be assessed if surgery is not rescheduled. The patient shall be liable for 50% of the Surgeon's Fee and 100% of Supply Charges if a scheduled surgery is cancelled within less than 5 business days of the surgery. Required lab work, prescriptions, garments, and pathology, if needed, are the financial responsibility of the patient. This document outlines the cancellation policies of the Pacific Center for Plastic Surgery; patients are advised to review the cancellation policies for the selected surgery center, regarding operating room and anesthesia fees, as they may differ from our office policy.

_____ As explained in the initial office visit with Dr. Horowitz or Dr. Nichter, there are risks associated with all surgeries. While the risks are low, they must be addressed before surgery so misunderstandings are avoided post-operatively. Should a revision become necessary, there will be an extra financial obligation on your part. If a revision is needed and the patient has remained compliant, i.e.: followed recommended follow-up schedule, followed the doctors recommendations, and has not undergone significant physical body changes, the patient will only be responsible for outside fees such as supplies, operating room, and anesthesia. It is our goal to exceed the expectations of every patient.

_____ Upon completion of medical services no refunds will be made.

_____ All fees are based on a surgical time assessed to each individual case. Should your surgery go beyond the scheduled amount of time, the patient will not be billed for any additional surgeon's fee; however, the patient will be responsible for the additional surgery center and anesthesia fees.

Patient Signature

Date

Witness Signature

Date