

## The Weston Center for Aesthetic Medicine and Surgery

### Financial and Cancellation Policy

Thank you for choosing The Weston Center for Aesthetic Medicine and Surgery for your Cosmetic Surgery and Medicine needs. The following information is meant to answer questions about our financial policy concerning Cosmetic Surgery and should help you to understand these policies more clearly.

- ❖ If a payment is made to this office in form of a credit card any refunded money will be subject to a 2.99% transaction fee.
- ❖ In almost all instances the cost of cosmetic surgery is NOT covered by insurance companies or other third party payers and patients should expect to be responsible for this cost themselves.
- ❖ A non refundable deposit of \$1000.00 must be paid at the time surgery is scheduled. The remaining balance is to be paid at your pre-operative appointment, typically at least 14 days prior to the surgery. If full payment is not received your surgery may be possibly cancelled so that another patient can use the surgical time.
- ❖ We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only you and the surgeon but other patients as well. If the surgery is rescheduled after the payment for your surgery has been made there will be an additional non-refundable \$500 rescheduling fee. This is done to maintain the continuity of a valuable and busy surgical schedule. The only exception to this is life threatening emergencies or medical illnesses prior to the operation. In these exceptional circumstances the \$500 rescheduling fee will not apply.
- ❖ If surgery is cancelled within 7 days of the date of surgery you will lose 50% of the cost of your surgery. If you need to cancel your surgery after your pre-operative appointment but more than 7 days before the surgery, you are entitled to a full refund minus the \$1000 deposit. All cancellations must be made in writing.
- ❖ The patient is required to be released to a responsible adult caregiver upon medical discharge from the recovery room. The fee quoted includes up to 1 hour recovery room services. If the patient stays additional time due to not having a caregiver present, facility fees of \$100 per hour will be occurred.
- ❖ Plastic surgery is an art and occasionally, revisions will be necessary. If a revisionary procedure is necessary within the first year, the surgeon's fees may vary depending upon the unique circumstances. However the cost of the operating room, supplies and anesthesia will be the patient's full responsibility.
- ❖ Payment for all surgical procedures is the responsibility of the patient. If someone other than the patient makes payments towards the surgical procedure and/or make payment in full on behalf of the patient, then they also need to sign this policy.

My signature below indicates that I understand and agree to the above policy.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_

Co-responsible party signature \_\_\_\_\_ Printed name \_\_\_\_\_

**Patient Initials:** \_\_\_\_\_