



**Kimberly Singh, M.D. | Nour Abboushi, M.D.**

901 Bernina Ave. Unit 1 Atlanta, GA 30307

(P) 770.929.0634 | (F) 770.929.8716

---

### SURGERY POLICY

Please review, initial each line item and sign at the bottom

\_\_\_ **PAYMENT POLICY:** A **\$1000 non-refundable deposit** is required at the time you schedule your surgery. This will reserve your surgery date. The \$1,000 deposit will be applied towards your total cost of the surgeon fees.

- The remainder of the surgeon fees must be paid at your pre-op appointment or at least three weeks prior to your surgery date if your pre-op appointment is scheduled less than three weeks prior to your surgery date.
- If you schedule surgery less than 30 days prior to your procedure, the balance in-full must be paid at the time you schedule your surgery.

\_\_\_ **Rescheduling/No Show Policy:** We require a **THIRTY (30) DAY** notice for any changes made with the date of your surgery.

- In the event you wish to make any changes to your surgery date within 30 days prior to your surgery, you will be required to pay a **\$500 rescheduling fee**.

**\*\*Please note the \$500 fee does not apply to the surgeon fees\*\***

- If you do not show for your pre-op and/or do not provide us with a 30 day notice your \$1,000 will be voided. Cancellations due to an emergency or illness will be reviewed on an individual basis by your surgeon.

\_\_\_ **PAYMENT OPTIONS:** Panacea Plastic Surgery accepts: American Express, Discover, Visa, Mastercard, Care Credit, Alphaeon, Patient-Fi, United Medical Credit, cash, check, or cashier's check.

\_\_\_ **FEE EXPIRATION:** Fees on this quote are valid for 90 days. After 90 days, fees are subject to change.

\_\_\_ **OTHER FEES:** This quote does not include fees for pathology (these fees are applicable for patients having but not limited to: Bilateral Breast Reduction, Simple Complete Bilateral Mastecomies/ Top Surgery), laboratory, radiology, prescriptions or any other outside services (if needed). These fees, if necessary, will be billed separately. One Post-operative garment is included in this quote.

\_\_\_ **THIS QUOTE MAY NOT BE A FINAL QUOTE:** This quote is based on an estimation of time for OR and Anesthesia. If your surgery exceeds the amount of time quoted you will be responsible for additional Facility & Anesthesthesia fees. Prior to your surgery, you will have paid Dr. Singh's/ Dr. Abboushi's fees including: surgeon and outside fees (facility and anesthesia). Your surgeon's fees will be due on the day of your pre-operative teaching. Although it is very unusual, complications requiring surgery, consultation, hospitalization or other services can occur. There will be no additional charges for any services performed by Dr. Singh/ Dr. Abboushi or the Panacea Staff. However, any other doctor, hospital or other related expenses will be your financial responsibility.

\_\_\_ **REVISION FEE POLICY:** Healing after surgery is usually a predictable process leading to a good result; however, occasionally a surgical revision is necessary to help achieve this result. There will be no surgeon's fee from your surgeon (for up to one year following the original surgery date, however you will be responsible for paying **\$250 for any in office revision** and if your revision requires the surgeon to take you back to the **hospital you will be responsible for: Facility, Anesthesia, Exparel and all preoperative requirements are your responsibility.**

\_\_\_ **REFUNDS:** If your surgery is canceled you are due a refund (excluding the \$1000 deposit and any services already rendered at the time of your cancellation). Refunds will be processed on the last working day of the month. Refunds are made by check only.

\_\_\_ **POST OPERATIVE CARE:** Your post operative visits are included with the cost of your surgery. Your post operative appointments are an essential part of your surgery outcome.. Your appointments will be advised by Dr. Singh/ Dr. Abboushi and need to be kept as instructed.

**I have read and agree to the terms listed above:**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ MRN: \_\_\_\_\_