



Please Review Entirely
Initial at Each Line
& Sign Below

-You Must Initial Each Line Below Within This Policy Notice-

PAYMENT POLICY: _____

A \$1000 non-refundable deposit is required at the time you schedule your surgery (procedure) to secure your date. The \$1,000 deposit will be applied towards your total cost of the surgeon fees. Should your surgery be less than \$1000, the full amount will be due at the time of scheduling.

The remainder of the surgeon fees must be paid at your pre-op appointment or at least four (4) weeks prior to the date of your surgery. If your pre-op appointment is scheduled less than four (4) weeks prior to your surgery date or you schedule surgery less than thirty (30) days prior to your surgery, the balance in-full must be paid at the time of scheduling.

RESCHEDULING | CANCELLATION | NO-SHOW POLICIES: _____

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 thirty (30) days of your surgery date, you will be required to pay a \$500 administrative fee to reschedule and secure your new date. _____

We allow one (1) reschedule of your surgery with no additional fees as long as the changes are made at least thirty-one (31) days prior to the surgery date. **Should you wish to reschedule your surgery beyond the one (1) time, you will be required to pay an administrative rescheduling fee each time to reschedule and secure your new date as shown in rescheduling time/fee table below:**

Ninety-Sixty One (90-61) days will require a **\$500** administrative rescheduling fee. _____

Sixty-Thirty One (60-31) days will require a **\$1,000** administrative rescheduling fee. _____

Thirty (30) days or less will require a **\$2,000** administrative rescheduling fee. _____

Each additional time you reschedule beyond the one time allowance and/or ninety-one (91) days prior to the date of your surgery, there will be a **\$1,500** administrative rescheduling fee. _____

ALL Administrative Rescheduling Fees are NOT applied to ANY surgery fees and are Non-Refundable. Administrative Rescheduling Fees are to be Paid at the Time of Securing your New Date. _____

Surgery Financial Policy

Continued Page 2 of 3

RESCHEDULING | CANCELLATION | NO-SHOW POLICIES continued:

Please note, our **Cancellation Policy** follows business days, Monday-Friday and does NOT include holidays or weekends due to the inadequate timeframe.

Should you your surgery be cancelled, the following is our time/fee table you will be held to:

Twenty-Five Percent (25%) of the TOTAL Surgeon Fees for a cancelled surgery within seven (7) business days. _____

Fifty Percent (50%) of the TOTAL Surgeon Fees within three (3) business days. _____

One Hundred Percent (100%) of the TOTAL Surgeon Fees for cancelled surgery the DAY OF the surgery scheduled surgery. _____

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, Master Card, Care Credit, Alphaeon, Cherry, United Medical Credit, Cash, Cashier's Check, or Check. Please note, if paying by CHECK, your check will need to be fully deposited and cleared prior to surgery.

FEE EXPIRATION: _____

Fees on this quote are valid for 90 days. After ninety (90) days, fees are subject to change. You may schedule your surgery with your quote for up-to one year within the ninety (90) days your quote is valid.

OTHER FEES: _____

This quote does not include fees for pathology, laboratory, radiology, prescriptions, or any other outside services. 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 & Anesthesia fees.

POST OPERATIVE CARE: _____

Your postoperative visits are included with the cost of your surgery. Your postoperative 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.

Surgery Financial Policy

Continued Page 3 of 3

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 up to **\$500 for any in-office revision**. If your revision requires the surgeon to take you back to the **hospital**, you will be responsible for: Facility, Anesthesia, Exparel, and all preoperative/post operative requirements.

REFUNDS: _____

If your surgery is canceled and 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 and mailed via USPS unless otherwise stipulated by any third party financing option you may have chosen. Please note- USPS has had delays. If you have not received your refund check within ten (10) business days from the date it's mailed, please contact us.

I have discussed the above information with a Panacea Plastic Surgery Representative and fully understand the fees; as well as my obligations set forth herein to Panacea Plastic Surgery.

Patient Signature: _____

Date: _____

Panacea Representative Signature: _____

Date: _____