

## FINANCIAL POLICY

Dear Patient:

Welcome to Cosmetic Eyelid and Laser Center of South Florida. The information below sets forth the financial terms and conditions associated with the cosmetic medical services to be provided for your care by this office. ACCORDINGLY, PLEASE REVIEW AND UNDERSTAND THE TERMS AND CONDITIONS BELOW.

### **PAYMENT TERMS APPLICABLE TO ALL COSMETIC SURGERY PATIENTS:**

A nonrefundable initial deposit of twenty percent (20%) of the total surgical fee will be required when a surgery date is accepted and scheduled. The remaining balance of the total surgical fee must be received fifteen (15) days before the scheduled surgery date. Timely prepayment of the balance of the total surgical fee confirms that your scheduled surgery or procedure date will be held for you. **THE INITIAL DEPOSIT IS NONREFUNDABLE (NO EXCEPTIONS).**

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SIGNATURE

### **CANCELLATION POLICY:**

**Cancellation by you (for any reason) of your scheduled surgical(non-anesthesia) or laser procedure must occur not later than two weeks before the scheduled date for your surgery or procedure (no exceptions). Any later cancellation by you will result in a cancellation charge to you of fifty percent (50%) of the total surgical/procedure fee, without exception. However, if you reschedule and undergo the previously scheduled surgery or procedure, you will not be charged this fifty percent (50%) cancellation charge.**

**Cancellation by you (for any reason) of your scheduled surgical procedure using anesthesia requires at least one-month advance notification by you. If cancellation by you occurs less than one month before the scheduled date of a surgical procedure using anesthesia, you will be charged a cancellation fee of fifty percent (50%) of the total surgical fee, without exception. However, if you reschedule and undergo the previously scheduled surgery, you will not be charged this fifty percent (50%) cancellation charge.**

**The cancellation charges described above, if and as applicable, are in addition to the nonrefundable initial deposit of twenty percent (20%) of the total surgical fee paid at the time of surgical booking.**

**Acceptable forms of payment include** credit card (i.e., MasterCard, Visa, American Express, and Discover), check or cash. There is no discount for cash payment. Checks are subject to clearance of funds. A returned check for insufficient funds or any reason is subject to a \$50.00 fee, in addition to all other available legal rights and remedies.

A signature below is required prior to scheduling any procedure and constitutes an acknowledgment and representation by you of your complete understanding of our financial terms and conditions above, including, without limitation, the cancellation policies stated above.

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**SIGNATURE**

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**DATE**