



## **OFFICE POLICY**

### **ALL PROCEDURES MUST BE PAID IN FULL PRIOR TO SURGERY DATE**

PLEASE SAVE YOURSELF AND US THE EMBARRASSMENT OF CANCELLING YOUR SURGERY BECAUSE OF NON PAYMENT OR FAILURE TO COMPLETE PAPERWORK.

#### **PAYMENT TYPES:**

1. IF PAYMENT IS MADE USING A **CHECK**, ½ OF THE TOTAL FEE IS REQUIRED AT THE TIME YOU SCHEDULE YOUR SURGERY. THE REMAINDER MUST BE PAID IN FULL 7 WORKING DAYS BEFORE SURGERY.

Initial if you understand and agree \_\_\_\_\_

2. IF PAYMENT IS MADE USING A **CREDIT OR DEBIT CARD**, ½ OF THE TOTAL FEE IS REQUIERD AT THE TIME YOU SCHEDULE YOUR SURGERY AND THE REMAINDER MUST BE PAID IN FULL AT LEAST 7 DAYS BEFORE SURGERY.

Initial if you understand and agree \_\_\_\_\_

3. IF **APPLYING FOR CREDIT**, THE CREDIT APPROVAL MUST BE SIGNED AT LEAST 10 WORKING DAYS BEFORE YOUR SURGERY. DRIVER'S LICENSE WILL BE REQUIRED FOR THIS.

Initial if you understand and agree \_\_\_\_\_

4. IF YOU ARE PAYING WITH **CASH, MONEY ORDERS, OR TRAVELERS CHECKS**, ½ OF THE TOTAL FEE IS REQUIRED AT THE TIME YOU SCHEDULE YOUR SURGERY AND THE REMAINDER MUST BE PAID IN FULL AT LEAST 7 DAYS BEFORE SURGERY.

Initial if you understand and agree \_\_\_\_\_

#### **ADDITIONAL POLICIES:**

1. **IN THE EVENT YOU FAIL TO SHOW UP FOR YOUR APPOINTMENT OR YOU DO NOT GIVE AT LEAST 7 DAYS NOTICE THAT YOU NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT, ALL MONEY PAID WILL BE NON REFUNDABLE.**

Initial if you understand and agree \_\_\_\_\_

2. **ALL PAPERWORK MUST BE FILLED OUT IN ADVANCE AND RETURNED TO THE OFFICE BEFORE A FINAL SURGERY DATE WILL BE SCHEDULED.**

Initial if you understand and agree \_\_\_\_\_

\_\_\_\_\_  
PATIENT NAME (Please print)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME