

Patient Name _____ Date of Birth _____ Sex M F

Address _____

City/ST/Zip _____

Primary Phone _____ Secondary Phone _____

Procedure Payment Policy

At our facility, we perform elective procedures that are not covered by insurance or healthcare reimbursement programs. So please be aware that, under no circumstances, does this office file insurance claims for elective cosmetic procedures. You, the patient, will be financially responsible, in accordance with this Procedure Payment Policy, for any elective cosmetic procedures performed at TriHealth Cosmetic Surgery and Rejuvenation Center.:

- **Consultation Fee:** The consultation fee with our Cosmetic Center Physician is \$100. All patients are obligated to pay this fee prior to their appointment. During that first visit, you and the provider will discuss your medical history, explore options, establish expectations and develop a treatment plan. The \$100 consultation will be applied to any procedure or surgery that is performed within three (3) months of the payment. In the event that multiple surgeries are performed during the three-month period, the consultation fee will only be deducted one time.
- **Cost Estimate:** You will be given a cost-estimate for the anticipated procedures on the day of your initial consult. To schedule a procedure and to secure your desired date, we must obtain a deposit, which is determined based on the cost of the cosmetic procedure.
- **Pre-Payment for Procedure/Surgery:** The remaining balance of the fees will be due two weeks prior to the scheduled procedure/surgery. Because these times are reserved specifically for you, if you cancel the procedure/surgery less than two weeks prior, 50% of the total cost is forfeited. If you cancel less than 72 hours prior, the total cost is forfeited. However, in the event the procedure/surgery is postponed by our office due to patient medical condition, weather or unforeseen circumstances, every effort will be made to reschedule at your convenience or a full refund will be offered. If you pre-paid for a package and you do not finish the agreed treatments for any reason, no refunds will be given. However, you may apply the remaining funds toward other services or products within six months of the procedure/surgery date (subject to current pricing at the time used).

I have read and understand this Procedure Payment Policy of TriHealth Cosmetic Surgery and Rejuvenation Center and agree to comply with its terms.

Patient's Signature (Parent if patient is minor)

Date