

Surgery Financial Policy

Deposit

- A non-refundable \$500 deposit is required to book surgery and reserve your date.
- The deposit is non-refundable, but it can be transferable to other services offered at Suria Plastic Surgery. The deposit is valid for one-year from the date of payment. The value of the deposit will expire after a period of one year.

Surgery Balance

- The remaining surgery balance is due at least 14 days prior to the surgery date.
- Acceptable forms of payment are: Cash, Credit/ Debit Card (Visa, Mastercard, Discover), Cashier's Check or Money Order.

Rescheduling of Surgery

- To reschedule your surgery, please notify us at least 21 days in advance.
- Your deposit will be applied to your rescheduled surgery date, as long as it occurs within one year of the date the deposit was given. If surgery cannot be rescheduled within one year, the \$500 deposit can be used for other services.

Surgery Cancellation

- If surgery is cancelled more than 21 days prior to the surgery, you will be refunded all fees, except for the non-refundable \$500 deposit, which is transferable to other services.
- If you cancel between 7-21 days before surgery, all fees will be refunded EXCEPT:
 - One half (1/2) of the surgeon's fee.
 - Non-refundable \$500 deposit (This is transferable to other services)
- If cancellation occurs less than 7 days before the scheduled surgery, all fees will be refunded EXCEPT:
 - The entire surgeons fee
 - Non-refundable \$500 deposit (This is transferable to other services)
- Should the physician cancel your surgery for any reason, you are entitled to a full refund (including your deposit) if you cannot reschedule.

Revision Policy

- If a revision procedure should be necessary, the patient is responsible to pay in full all of the related facility and anesthesia fees. The patient is also responsible for the surgeon's fee, which will be at a reduced rate, determined upon follow-up consultation.

I fully understand and agree to the financial policy of Greene.MD Facial Plastic Surgery.

Patient Signature

Date/Time

Witness

Date/Time