

**DEPOSIT POLICY  
&  
PAYMENT FOR SERVICES**

The following policies have been designed to maintain an efficient surgery schedule and ensure the fair distribution of the doctor's limited surgery time for all of his patients. We hope the policies do not cause insignificant inconvenience and truly appreciate your cooperation.

- ◆ **How much?** A deposit of \$250 in cash, check, or credit card (Visa, MasterCard, or Discover) is required to reserve your desired surgical date, and is due **within two weeks** of reserving the date of your surgery.
  
- ◆ **When to reserve space?** You are welcome to make your reservation for surgery on the day of your consultation. If you later realize that work or other scheduling conflicts exist, your deposit will be fully credited toward a more convenient surgery date.
  
- ◆ **Rescheduling.** In order to receive full credit for your deposit, please notify our office at least 3 weeks prior to your scheduled procedure date. We understand that personal situations can arise unexpectedly and you may reschedule your surgery as often as necessary without penalty provided we receive 3 weeks advance notice. Patients providing less than 3 weeks notice will incur an administrative charge of one half of their original deposit (\$125). The remaining half will be credited toward the rescheduled surgery.
  
- ◆ **Cancellation.** Patients canceling surgery 3 weeks or more prior to their surgical date will be charged a \$125 administrative fee. The remaining \$125 of the original deposit will be refunded. Those patients canceling surgery less than 3 weeks prior to their surgery date will forfeit their \$250 deposit. If our administrator has determined that a refund is required due to unforeseen circumstances, credit card refunds will be charged back with an 8% processing fee.
  
- ◆ **Final Payment.** Final payments must be received at the time of the preoperative appointment. We accept money order, bank check, or credit card. Personal checks must be received at least 7 days prior to surgery to assure clearing of funds at the bank.
  
- ◆ **Insurance.** The patient remains responsible for payment of all amounts shown on the "Cosmetic Fee Quote" form. Hillstrom Facial Plastic Surgery **does not bill insurance** as a courtesy for reimbursement. Obtaining any pre-certifications and/or pre-determinations for cosmetic procedures is the sole responsibility of the patient.  
In addition, labs and testing associated with cosmetic surgery are not covered by your insurance.
  
- ◆ **Revision Surgery.** Revision surgery is rare, but sometimes necessary. If revision surgery is recommended, the professional fees will be discussed on a case by case basis. The costs of the operating room and supplies will be calculated at \$250.00 per hour and anesthesia fees are estimated at \$300.00 per hour. A written estimate/quote will be provided upon recommendation of the revision surgery. A deposit of \$250 in cash, check, or credit card (Visa, MasterCard, American Express or Discover) is required to reserve your desired surgical date, and is due **within two weeks** of reserving the date of your surgery.

Thank you for placing your trust in Hillstrom Facial Plastic Surgery.

**\*\*I certify that I have read this form, fully understand and comply with the financial terms related to my surgical procedure.**

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Time/Date

\_\_\_\_\_  
Witness