



NORTHSIDE P_LASTIC S_URGERY F_INANCIAL P_OLICY

1. A **non-refundable deposit** of one hundred and ninety-five dollars (\$195.00) is required for an initial in-office consultation. Virtual consultations are complimentary and do not require a deposit. Every in-office appointment after the initial consultation will require a non-refundable deposit of one hundred dollars (\$100.00), excluding follow-up appointments. These deposits will only be used towards any scheduled service. These deposits cannot be used towards skin care products or scar cream. Requests to cancel or reschedule the patient's appointment must be received by the office during business hours at least 48 hours in advance of the scheduled appointment. Failure to ensure the office receives notice of your request to cancel or reschedule during business hours least 48 hours in advance of the scheduled appointment will forfeit the deposit associated with the scheduled in-office appointment.
2. Full Payment is due at time of service for all in-office cosmetic procedures performed on the same day. There are no exceptions to this policy.
3. Our Physicians offer **Second Opinion Consults** on surgical procedures performed elsewhere that are less than nine (9) months old for a fee of four hundred and fifty dollars (**\$450.00**).
4. **Procedure Fees Estimate** - After you and the Physician/Provider have finalized your treatment plan, we will provide you an estimated price for your procedure(s). The estimate will consist of the Physician's/ Provider's fee, Facility and Anesthesia fees (if applicable), and any other necessary costs / fees for the services / procedures being provided (hereinafter referred to as "procedure fees"). Also included in the estimate are fees associated with the initial consultation and immediate follow-up visits. Facility and Anesthesia fees are subject to change at any time. All estimates are **only valid for 60 (sixty) days** from the date of issuance. The procedure price estimate expires after sixty (60) days, unless procedure(s) on the estimate are scheduled.
5. **Payment Options** - Cosmetic procedures are an excellent investment in your medical and psychological well-being. To make your healthcare investment cost-effective, we provide the following payment options for your **PROCEDURE PRICE ESTIMATE**: 1) Cash or Verified Cashier's Check; 2) All major credit cards-VISA, MASTERCARD, AMEX, DISCOVER; or 3) Payment Plan options: CareCredit, Alphaeon, Lending USA, United Medical Credit, and Sweet Pay. However, payment plan options are not accepted for the non-refundable surgical deposit of one thousand dollars (\$1,000.00).
6. **Non-Refundable Surgical/Procedural Deposits** - A **non-refundable surgical deposit of one thousand dollars (\$1,000.00)** will be due at the time of scheduling your surgery. We cannot accept payment plan payments (i.e. CareCredit, Alphaeon, Lending USA and Sweet Pay) for this deposit. We do not except checks unless it is a verified cashier's check.
7. A **non-refundable deposit amounting to 50% of the total procedure price estimate** is also collected at the time of scheduling for any in-office procedure(s). We cannot accept payment plan payments (i.e. CareCredit, Alphaeon, Lending USA and Sweet Pay) for this deposit. We do not except checks unless it is a verified cashier's check.
8. All promotional and marketing offers are time limited as specified on the offer. Pre-payments on promotional and marketing offers are also time limited as specified on the offer.



9. Deposits made on packaged services or any in-office procedure expire twelve (12) months from date of deposit, if not used.
10. Full payment of the procedure fees estimate is due at our office during the **Pre-Operative Appointment** prior to surgery. Regardless of the date of your pre-operative appointment, full payment of the confirmed procedure fees estimate must be received not later than twenty-eight (28) days before the date of the scheduled procedure. There are no exceptions to this policy. We accept payment plans such as CareCredit, Alphaeon, Lending USA and Sweet Pay for the full payment (but these plans are not accepted for your initial non-refundable \$1,000 deposit). We do not accept checks unless it is a verified cashier's check. If the procedure is done at Greater Atlanta Plastic Surgery Center, facility and anesthesia fees will be collected at the same time. If the procedure is scheduled at another facility, the facility will contact you directly for the appropriate facility and anesthesia fees prior to your surgery.
11. Northside Plastic Surgery and Greater Atlanta Plastic Surgery Center reserves the right to seek legal action against the account holder for any past-due payments. In the event that an account is past-due and turned over to an attorney or collections agency to obtain payment, the account holder will be responsible for the attorney's fees, court costs, and any other associated costs, including collection agency fees.
12. **Cancellation and Refund Policy for Surgical Procedures**
 - a. If your surgical procedure is cancelled for any reason after scheduling a procedure date, the one thousand dollar (\$1,000.00) non-refundable deposit will be forfeited.
 - b. Requests to cancel the patient's scheduled procedure are only considered once received by the office during normal business hours. If your request is sent after business hours, over the weekend, or on a holiday, the request will not be considered until received and acknowledged by the office on the next business day.
 - c. If your surgery is cancelled more than twenty-two (22) business days prior to your scheduled date, you will receive a refund of all procedure fees paid for the subject procedure, except for the one hundred dollar (\$100) administrative fee and the one thousand dollar (\$1,000) non-refundable deposit.
 - d. If your surgery is cancelled twenty-one (21) business days or less prior to your scheduled date, you will be responsible for paying 50% of the procedure fees and responsible for the one hundred dollar (\$100) administrative fee and the one thousand dollar (\$1,000) non-refundable deposit. The remainder of procedure fees paid will be refunded to you.
 - e. If your surgery is cancelled fourteen (14) business days or less prior to the scheduled procedure date, you will be responsible for paying 100% of your procedure fees and responsible for the one hundred dollar (\$100) administrative fee and the one thousand dollar (\$1,000) non-refundable deposit.
 - f. If you paid by credit card, you will incur a fee of 3% to process the refund.
 - g. All procedure fees include monies paid to Northside Plastic Surgery for Surgeon fees, Greater Atlanta Plastic Surgery Center for Facility and Anesthesia fees, and any other necessary



costs / fees for the services / procedures being provided. If your surgery is being performed at a local hospital, you will need to contact them for the refund policy specific to their facility.

- h. If you have not paid in full prior to cancelling your surgery, you will be billed the amount that you are responsible for according to this Policy.
- i. In the event that your surgery is cancelled by Northside Plastic Surgery for a medical concern related to your noncompliance, you will be responsible for 50% of all procedure fees, and responsible for the one hundred dollar (\$100) administrative fee and the one thousand dollar (\$1,000) non-refundable deposit.
- j. In the event that your surgery is cancelled by Northside Plastic Surgery for a reason that is not related to your noncompliance, the procedure fees paid by you may be transferred to a new surgery date within six (6) months of the original surgery date.

13. Rescheduling and Refund Policy for Surgical Procedures

- a. Requests to reschedule the patient's scheduled procedure are only considered once received by the office during normal business hours. If your request is sent after business hours, over the weekend, or on a holiday, the request will not be considered until received and acknowledged by the office on the next business day.
- b. If your surgery is rescheduled twenty-two (22) business days or more prior to your surgery date the procedure fees paid by you, or on your behalf, can be transferred to a new surgery date one time before forfeiting the non-refundable deposit of one thousand dollars (\$1,000). If your surgery is rescheduled a second time, you will forfeit the non-refundable deposit of one thousand dollars (\$1,000), and you will be responsible for paying a new surgical non-refundable deposit of one thousand dollars (\$1,000) upon scheduling the new procedure date.
- c. If your surgery is rescheduled twenty-one (21) business days or less prior to your scheduled surgery date, you will be charged a one thousand dollar (\$1,000.00) rescheduling fee.
- d. If your surgery is rescheduled fourteen (14) business days or less prior to your scheduled surgery date, you will be responsible for paying 50% of procedure fees, and responsible for paying a one hundred dollar (\$100) administrative fee and the one thousand dollar (\$1,000) non-refundable deposit.
- e. If you paid by credit card, you will incur a fee of 3% to process the refund.
- f. All procedure fees include monies paid to Northside Plastic Surgery for Surgeon fees, Greater Atlanta Plastic Surgery Center for Facility and Anesthesia, and any other necessary costs / fees for the services / procedures being provided. If your surgery is being performed at a local hospital, you will need to contact them for the refund policy specific to their facility.
- g. Surgery must be rescheduled within twelve (12) months of the original surgery date. If you choose not to reschedule your surgery within twelve (12) months of the original surgery date, your surgery will be considered cancelled as of the date of your original cancellation and you will be responsible for fees according to the terms of Paragraph 12 of this Policy.



14. **Cancellation and Refund Policy for In-Office Procedures** - Cancelling any laser, skin tightening, or in-office procedure within 48 hours of your scheduled procedure will forfeit 100% of your non-refundable deposit. Requests to cancel the patient's scheduled procedure are only considered once received by the office during normal business hours. If your request is sent after business hours, over the weekend, or on a holiday, the request will not be considered until received and acknowledged by the office on the next business day.
15. All requests for medical records must be made in writing with a copy of the patient's driver's license. All requests for medical records must be received no later than 72 hours prior to the date needed. There is a \$25.00 fee for medical records requests, as well as a charge of \$.25 cents per page.
16. We charge an administrative fee of seventy-five dollars (\$75.00) to complete certain administrative tasks such as completion of FMLA forms, disability forms, school forms as well as patient requested reports such as claims, statements, and payment histories.
17. Refunds are **not** permitted on skincare products, makeup, or Latisse.
18. Additional charges such as lab work or additional testing will be billed to you by the lab or facility that has performed the testing (i.e.: EKG, etc.).
19. We recommend that the patient be covered by health insurance at the time of the cosmetic surgery in the rare instance that a post-operative complication develops.
20. A copy of your signature or electronic signature on this document shall have the same force and effect as the original.
21. This is the official Financial Policy of Northside Plastic Surgery. Changes to this Policy can only be made in writing by a representative of Northside Plastic Surgery with the acknowledgement and agreement of the patient. In the event that Northside Plastic Surgery, or Greater Atlanta Plastic Surgery Center, waives your procedure fees or the rescheduling fee under specific circumstances, you are still bound by the remaining terms of this agreement. Any agreement to waive such a fee must be agreed to in writing.
22. Your signature below confirms that you have read, understood, acknowledged, and hereby agree to the terms of this Northside Plastic Surgery Financial Policy.
23. **All charges related to additional procedures, revisions, or complications are the full responsibility of the patient.**

Patient Name: _____

Patient Signature: _____ **Date** _____