RECONSTRUCTIVE & AESTHETIC SURGERY

FINANCIAL POLICY FOR AESTHETIC PROCEDURES

Dr. Evangelisti accepts payment by cash, check or credit card. If you are in need of financing for your surgical procedure, you may apply for financing through *Care Credit*. ***(CARE CREDIT CANNOT BE USED FOR FACILITY FEE, PAIN PUMP AND ANESTHESIA)*** We can provide you with the information for these payment options.

Reservation Fee
A reservation fee is required at the time of the booking of your procedure. This fee is deducted from the total cost of your procedure. The reservation fee due at the time of booking is $500.00.

Cancellation
Dr. Evangelisti requires 3 Weeks (21 days) notice for the cancellation of any surgery due to non-medical reasons. If the office does not receive notice of cancellation within the above stated timeframe, the $500.00 reservation fee will not be refunded.

Surgery Rescheduling
All surgical procedures rescheduled with less than 15 days notice will be subject to a rescheduling fee of $100.00.

Payment:
Payment for surgical procedures is due, in full, at your pre-operative appointment. Surgical center and Hospital fees will be billed directly to the patient by the facility.

If payment is not received by the required date, your surgery will be canceled by the office and all applicable cancellation fees will pertain. Each Surgical facility and Hospital has specific payment policies separate from the payment policies of Dr. Evangelisti.

Dr. Evangelisti is not responsible for refunding any surgical fees, or for rescheduling fees that result from a patient's non-compliance, the failure to follow pre-surgical instructions including: nicotine use, failure to avoid or to take specific medications as instructed, and failure to follow day of surgery instructions.

All fees must be paid prior to confirming any new surgical date.

All refunds of surgical deposits and surgical balances will have a 2.5% processing fee deducted from the amount paid.

I have read the above and understand the financial policies.

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Signature of Patient (or Guardian if under 18 years of age) Date

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Printed Name of Patient (or Guardian if under 18 years of age)