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COSMETIC SURGERY PAYMENT POLICY

Thank you for selecting *Advanced Plastic Surgery Center* for aesthetic needs. As a rule, health insurance companies do not cover cosmetic surgery. For this reason payment in full is required **two weeks** prior to your scheduled surgery date. The quoted fee includes the use of the office operatory suite, supplies, and Dr. Fetter's post operative care. A ten percent (10%) **non-refundable** deposit is required at the time of surgery scheduling. Should unforeseen circumstances arise making it impossible to honor the surgical date, *Advanced Plastic Surgery Center* will make every effort to reschedule at a convenient time with appropriate notification.

Our goal is to provide an optimal result with your cosmetic procedure. However, infrequently operative revisions may be required. If you have problems with wound healing or other factors leading to a compromised outcome, revision may be necessary. In these instances the surgeon's fees may be negotiable, however, you will be responsible for fees related to the operating room and anesthesia.

Occasionally it is necessary to perform a procedure at an outpatient facility or hospital. In these situations a facility and anesthesia fee will also be required. Arrangements for payment to the institution or anesthesiologist will be the responsibility of the patient.

FINANCIAL AGREEMENT

PATIENT NAME: _____

PROCEDURE: _____

DATE OF PROCEDURE: _____ PRE-OP APPT: _____

SURGICAL FEE: \$ _____

DEPOSIT (10%) \$ _____ DATE PAID: _____

BALANCE DUE \$ _____ DATE PAID: _____

I, _____, have read and agree to the Cosmetic Surgery Payment Policy Statement and Financial Agreement outlined above.

Patient signature

Date

Physician's office representative signature

Date