



At Cosmetic Surgery Associates, we are committed to ensuring transparency and clarity in all financial matters. Please carefully review the following policies before proceeding.

Consultation Fee

1. A \$100 consultation fee is due upon scheduling your consultation, whether in-person or virtual.
2. The consultation fee is non-refundable and covers the surgeon's time and expertise.
3. If the patient proceeds with surgery, the \$100 consultation fee will be applied toward the total surgery cost but does not apply toward the \$1,000 non-refundable deposit required to book the surgery. A second \$100 fee for a consult with a different surgeon than your first consultation will NOT rollover into a surgery. The deposit must be made within 90 days of consult to rollover the \$100 fee.
4. An additional \$100 fee will be charged for no-shows or cancellations made less than 48 hours before the consultation. If this occurs, a new consultation fee will be required to reschedule.

Surgery Deposit and Refund Policy

1. A \$1,000 deposit is required to secure your surgery date. This deposit will be applied toward the total surgical fee. This also guarantees the price for ONE YEAR.
2. The deposit is non-refundable, except in cases where the patient is medically unfit for surgery due to a serious condition, confirmed in writing by a licensed physician. General illness, family emergencies, or personal life circumstances do not qualify for a refund.
3. Surgery can be postponed for documented illness or family emergencies. The rebooking fee will be waived in these cases if documentation is provided.
4. Refunds are processed via check sent from our corporate office and may take up to 3-6 weeks (including processing time) for you to receive in the mail.
5. If surgery is canceled for reasons unrelated to medical fitness or without proper documentation:
 - Within two weeks of the surgery date: 50% of the surgical fee will be forfeited.
 - Rebooking a canceled surgery will incur a \$500 rescheduling fee if rescheduled within four weeks of the original date.

Patient Acknowledgment & Signature I, _____,
acknowledge that I have read and understand the financial policies outlined above. I agree to abide by these policies.

Signature: _____ **Date:** _____

Quotes and Pricing

1. Surgery quotes with a deposit are valid for three months from the date the deposit is made, except for quotes issued in November and December:
 - Quotes issued in November are valid for two months.
 - Quotes issued in December are valid for one month.
2. Annual price increases void all quotes that do not have a deposit on file. Patients will be subject to updated pricing.
3. Quotes are only valid for the timeframe listed on the quote. Patients are responsible for ensuring timely deposits if they wish to secure the quoted price.

Medical Clearance

1. Patients are responsible for obtaining and submitting medical clearance to our office no later than two weeks before surgery.
2. ALL patients who will be 46 years old or more on the date of their surgery must obtain a physical and EKG with a doctor's notation clearing them for surgery.
3. Patients who are under 46 but have any underlying medical conditions or take medications for such medical conditions must also obtain a physical. If you have questions about whether you require clearance, YOU are responsible for asking our staff and scheduling your physical in a timely manner so that it is received by our office no later than 2 weeks before surgery.
4. If medical clearance is not received by this deadline, the surgery will be rescheduled, and the patient will incur a \$500 rebooking fee.
5. FMLA paperwork requires a \$50 service fee for our office to complete.

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Signature: _____ **Date:** _____

Illness or Family Emergencies

1. If surgery needs to be postponed due to an illness (e.g., cold, flu, COVID) or a documented family emergency, no rebooking fee will be charged. However, the surgery deposit remains non-refundable.
2. Documentation is required to waive the rebooking fee in these situations.

Payment Policies

1. The remaining balance of the surgical fee, after the \$1,000 deposit, is due no later than **TWO WEEKS** before surgery. Payments will not be accepted on the day of surgery.
2. Prescriptions for surgery-related medications will only be issued after the full balance has been paid. To avoid delays caused by pharmacies or insurance providers, please ensure payment is made on time.
3. Please note: Prescription costs are not included in your surgical fee and are subject to your insurance provider.
4. A 2.5% transaction fee will be applied to all payments made using American Express and Discover credit cards.

Consent Forms

1. Consent forms will be sent via DocuSign and must be completed no later than one week before surgery.
2. If consent forms are not signed by this deadline, printed forms will be provided on the day of surgery. Patients will be required to arrive one hour earlier than their scheduled arrival time to complete these forms.

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Signature: _____ **Date:** _____

Post-Surgery Care Requirements

1. Any patient undergoing sedation or general anesthesia must have a responsible adult (family or friend aged 18 or older, or medical transportation service) (NOT an uber/taxi) to:
 - Drive them home after surgery.
 - Stay with them for the first night following surgery.
2. Patients cannot leave alone, take a taxi or ride-share service (e.g., Uber or Lyft), or rely on a minor child for post-operative care.

Treatments if you are transported outside our facility, and tissue specimens taken during surgery at CSA sent to a laboratory for evaluation:

1. You are responsible for additional fees related to anesthesia, operating room (OR) facilities, laboratory work, imaging, or pathology services. These fees are billed by the respective providers, not by CSA.
2. Certain facilities may require tissue specimens to be sent for evaluation, resulting in additional charges.

Revision Policy

We strive for excellence during every surgery; however, there may be times when a revision is necessary after the primary surgery. If the surgeon deems a revision appropriate, there will be no surgeon fee associated; however, **there will be an operating room fee charged**. This fee is non-negotiable and covers O.R. staff and supplies. **In some situations, there may be a surgical fee, which is dependent on the specific circumstances.**

Please note, revisions must be completed within **one year** of the initial surgery. However, depending on the necessary healing period for results as determined by your surgeon, if a revision is deemed appropriate beyond one year after surgery, you will have six months from that determination to complete the revision.

Thank you for your understanding and adherence to these policies. If you have any questions, please contact our office.

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Signature: _____ **Date:** _____