Cancellation Policy

- Patients will be charged $100.00 for “no show appointments” and for appointments cancelled without a 24-hour advance notice.
- Habitually missing or changing appointments is grounds for dismissal from the practice. This applies to surgeon appointments and skin care appointments.

As a courtesy, we attempt to remind patients by phone of their scheduled appointments. However, it is the patient’s responsibility to keep his/her appointments whether or not a reminder call is received.

Surgical Fees

- Payment is due in full fourteen (14) days prior to the scheduled surgery date. We accept Visa, Mastercard, Discover, American Express, Care Credit, and Cashier Checks. WE DO NOT ACCEPT CREDIT CARD CHECKS. If you would like to pay with a personal check then payment must be made at least 15 days prior to surgery. All personal checks will be processed through TeleCheck as an electronic transfer.
- If your surgery is cancelled or postponed fourteen (14) days prior to surgery your fees will be refunded. If your surgery is cancelled within the fourteen (14) days you will be charged a $400.00 administrative fee and a fee for any services provided such as laboratory work or skin care services. If your surgery is cancelled within three (3) business days of your surgical date an additional administrative fee of 20% of your total charges will be withheld from your refund. If your surgery is cancelled the day of the procedure you will be charged 50% of the total charges.
- If you pay your surgical fees with a major credit card the surgery cancellation fees stated above will apply. Additionally, you will be charged a service fee of 2.5% of the total bill for credit card services.
- Breast Reduction Procedures are considered cosmetic unless deemed medically necessary per your insurance policy. We will file your insurance as a courtesy but this does not guarantee your insurance company will reimburse. In addition all tissue that is removed during surgery will be sent to Pathology and the patient will be responsible for these charges. It is the patient’s responsibility to notify us regarding where their insurance prefers pathology to be sent to avoid out of network charges.
- If postponing a surgery more than two (2) times a 50% deposit will be required to hold a new surgical date and will be forfeited if date needs to be changed. In addition such changes could result in dismissal from our practice at the surgeon’s discretion.
- The services that are performed and paid for using a credit card or debit card are not eligible for credit card challenge. By signing this form you are agreeing you will not challenge credit card payments once the service has provided. The practice encourages a complete post-op care and follow up interaction to address any issues that might arise following services provided.
- The policies listed above will be applied in every situation.

I certify that I am the patient or that I am financially responsible for the services rendered and do hereby unconditionally guarantee the payment of all amounts when and as due.

A photo static copy of this agreement shall be considered effective and valid as original.

DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND ITS CONTENTS. MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS STATED IN THIS FINANCIAL AGREEMENT / CANCELLATION POLICY.

______________________________
Patient

______________________________
Date

______________________________
Witness

______________________________
Date

SARASOTA PLASTIC SURGERY INC., 2255 S. TAMIAI TRAIL SARASOTA FL, 34239  941-366-8897