



## CORNERTSTONE PLASTIC SURGERY

BY FREDERICK A. COVILLE, MD

### FINANCIAL POLICY

The fees quoted for cosmetic procedures and surgeries are inclusive of the following:  
pre-operative exam, surgeon fees, materials, anesthesia, operating facility, and post-operative visits.

For procedures or surgeries performed in a separate outpatient surgical facility, anesthesia and operating facility fees are billed separately and are payable directly to the facility on the day of your surgery. These fees will be itemized and incorporated within your Cornerstone Plastic Surgery quote.

If additional corrective surgery or elective aesthetic correction is desired, there will be additional surgeon, facility, and material fees incurred.

In office treatments such as Botox, Voluma, Juvederm, Dysport, Restylane, or other filler materials, chemical peels, Asclera therapy, and other similar therapies are priced on a pre-treatment basis or package option and additional cost is possible based on consumption.

Office treatments and services are payable in full at the time of your appointment.

If you elect to have a procedure or surgery and would like to secure the date that works best for your schedule, a 20% deposit of the surgeon fee is required to secure your date. If materials are needed for the surgery, i.e. implants, the costs of the materials are due in full along with the deposit. The full balance is due two weeks prior to surgery. If your surgical booking is within two weeks of surgery, then payment is due in full.

Your deposit is 100% refundable up to three weeks prior to your procedure. Once we are within your three-week time frame and you chose to cancel, you will forfeit your full deposit.

Additionally, should your scheduled procedure/surgery be cancelled, the following applies:

- Cancellation 8-14 days prior to scheduled procedure/surgery date will result in 25% loss of fees.
- Cancellation 7-2 days prior to scheduled procedure/surgery date will result in 50% loss of fees.
- Cancellation made the day before or day of scheduled procedure/surgery date will result in 100% loss of fees.

By my signature, I understand and comply with the statements and policies and stated above.

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Print name:

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Signature of patient/parent/guardian:

Date:

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Signature of Doctor/Health Professional/Staff:

Date

(UPDATED JUNE 2021)