



Treatment Policy

Our treatment policy is as follows to assure that you have the best surgical experience possible and are fully informed throughout our relationship.

- ◆ A \$1,000 non-refundable deposit is due when you select a surgery date. The deposit cannot be applied or used for any future cosmetic procedures, products or services in our medical spa.
- ◆ Your final balance is due two (2) weeks prior to your surgery date and is non-refundable. There will be no exceptions to this policy. If payment is not received two (2) weeks prior to surgery, your surgery may be postponed or cancelled.
- ◆ You may reschedule three (3) weeks prior to the surgery. If you reschedule after this timeframe, a \$1,000 rescheduling fee will apply. Cancellations made within 48 hours of surgery will not be refunded. Procedures may be rescheduled at the discretion of Dr. Pirko or Dr. Deb.
- ◆ Testing for nicotine is routinely performed on patients the day of surgery. Should you test positive for nicotine products, we reserve the right to cancel your procedure for that day. Refunds will not be given in this instance; however, your procedure may be rescheduled for a later date at Dr. Pirko's or Dr. Deb's discretion. Should you choose to reschedule your procedure, a minimum fee of \$1,000 will be required.
- ◆ We accept all major credit cards, cash or check. We also offer patient financing through Care Credit. We are happy to provide you with information regarding this program.
- ◆ Prescription medications and lab work are additional and NOT part of your fees from IDEAL Plastic Surgery.
- ◆ Some patients may require pathology or radiology. These costs are NOT covered by Ideal Plastic Surgery and are the responsibility of the patient.
- ◆ IDEAL Plastic Surgery routinely uses deidentified patient images for marketing purposes and no financial compensation is given to patients for this purpose.

Patient Name: (Print) _____

Signature: _____ Date: _____

I have read and I understand IDEAL Plastic Surgery's treatment policies and I accept responsibility for the payment of any fees associated with my care.

