

**DEPOSIT AND CANCELLATION POLICY FOR COSMETIC SURGERY**  
**CAROLINA PLASTIC SURGERY**  
**John T. Lettieri, M.D.**

When you ask us to schedule surgery for you, we must do several things, long before the day of your surgery:

1. Reserve the operating room.
2. Order and pay for any surgical supplies or implants that are needed for your surgery.
3. Secure the necessary specialized surgical nurses and surgical technicians that will be needed, and/or provide coverage to free them up from their other responsibilities.
4. Arrange anesthesia coverage for your case. We must guarantee that we will pay them for this time, whether or not you have surgery.
5. Prepare the required equipment and sterilize the necessary instruments.
6. We must turn down every other patient who wants surgery on the day and time we have reserved for you.

Because of these financial and time commitments we must make, we ask that you be definite about your desire for surgery and be certain that you have the funds available before asking us to schedule your surgery.

Following is our cancellation policy:

- If it becomes necessary for you to cancel your surgery within 7 days of surgery, a cancellation fee of \$1000.00 will be charged (in addition to your non-refundable deposit).
- If it becomes necessary for you to cancel your surgery two weekdays (Monday-Friday) or less before your surgery, a cancellation fee of 50% of the total price of the surgical procedure will be charged.
- **If you are financing your surgery:** The price you have been given is the cash price; if you are financing there will be a charge of 8% or 3% to the total being financed depending on the terms you choose. Do not request us to reserve a surgery date for you unless you are certain that you want to have surgery. When you ask us to reserve a surgery date for you the entire amount of the surgical fee will be processed through your financing company. If you later cancel your surgery date, we will refund to you the amount the financing company paid us, (which can be much less than the amount you are financing, since the finance company may take money from us too), and the deposit listed on the other side will be deducted from this refund. If you cancel within 7 days of your surgery, the above cancellation fees will also be deducted from your refund.
- **CHANGE OF SURGERY DATE:** If you request us to change your surgery date, it makes a tremendous amount of work for our staff and inconvenience to other patients who must adjust their times. If your request to change dates is made more than 3 weeks before the date we have reserved for you, we will try to accommodate your request. If you call us less than 3 weeks before your surgery date, there will be an additional rescheduling fee of \$500.00 that must be paid before we can reschedule your surgery.

**A non-refundable deposit is required before scheduling any surgery. The deposit will be \$500.00 or \$1000.00 depending on surgery. The deposit is credited to the amount of your surgery. The deposit will be forfeited if full payment is not received by us 2 weeks before your surgery and your surgery date will be released.**

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Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name Printed