



DR. ROBERT
PETERSON

PAYMENT POLICY

Thank you for choosing my office for your cosmetic procedure. The staff and I are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy that we *require* you to read and sign prior to any type of treatment. All patients must complete our patient information.

We require a 20% non-refundable deposit of the surgeon's fee to guarantee your surgery date and time. Surgeries cancelled within 72 hours of scheduled surgery date will be subject to a 20% surgeon's fee.

Payment for all cosmetic surgical procedure is due in full prior to surgery. We gladly accept personal check, cash, Visa, Master Card, American Express & Discover. A \$25.00 return check charge will apply to all returned checks. We do not accept postdated checks and will not hold checks.

*We offer financing with Care Credit
1-800-365-8295 or www.carecredit.com*

Followup Visits & Surgery Revisions

After 6 months there is a \$75.00 follow up charge for all office visits. All revision or touches up surgeries are subject to hospital, anesthesia and surgeon's fee.

Other Fees

Medical Records (1st 20 pages)	\$25.00
Each additional page	\$0.50
Billing Records	\$25.00
Postage	\$4.95
Medical Leave Forms	\$50.00

(Additional forms may be subject to additional charges)

I have read and understand the above information regarding payment, follow up visits, surgery revisions and other fees.

NAME _____

DATE _____