

SURGICAL DEPOSIT AGREEMENT

TLKM PLASTIC SURGERY, LLC

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It is very important to us that all our patients fully understand their financial obligations, along with our payment and cancellation policies prior to undergoing surgery with TLKM Plastic Surgery, LLC.

When you schedule surgery we must reserve time in the operating room at the chosen facility, 900 North Surgical Center or Northwestern Hospital. At these facilities, Dr. Mustoe and Dr. Sinno have secured operating room time, involving surgical nurses, technicians, and anesthesiologists to be available. Both facilities hold Dr. Mustoe and Dr. Sinno accountable if this time is not used. Furthermore, we must turn down every other patient who wants surgery on the day and the time we have reserved on your behalf.

The foregoing policy also holds for procedures done in our office:

Based on both the financial and time commitments Dr. Mustoe and Dr. Sinno must make, we ask that you be definite about your desire for surgery, and certain you have the funds available before scheduling your surgery.

The Surgical Deposit Agreement is outlined below. When you feel you understand the contents of this form, and agree to the terms, please sign and date on the line indicated below.

I understand that:

- Once my surgery is scheduled with Dr. Mustoe or Dr. Sinno, and the operating room/office procedure room is reserved at a specific time for me, and is no longer available to other patients. **Therefore, I agree to submit a \$1,500 surgical deposit at the time I request my surgery to be scheduled. If your procedure is less than \$2,500, one half the surgical fee is required.**
- At the time of my pre-operative visit, my initial consult fee and surgical deposit will be applied to the surgical fee charged by Dr. Mustoe or Dr. Sinno.
- All surgical fees must be paid for ***no less than four weeks prior to the date of your surgery.*** The operating room and anesthesia fees will be billed directly to you, the patient. Each facility has specific payment policies that will be defined during the surgery scheduling process.

Cancellation and Rescheduling Policy:

- Cancellation *at least 4 weeks prior* to surgery date – **Full Refund of Deposit**
- Cancellation *less than 4 weeks prior* to surgery date – **Forfeiture of Deposit and \$500 Rescheduling Fee**
- All fees must be paid prior to confirming any new surgical date.
- Cancellation *2 days or less prior* to surgery – **Forfeiture of 50% of the Surgeon's Fee**
- Rescheduling your surgery *more than once* – **Rescheduling Fee of \$300**

There will be no funds held back in the event of rescheduling or cancellation by us, or in the event of a documentable medical reason with a treating doctor's statement.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS

Please sign and return. Thank you.

Signature: _____ Date: _____