



## **PATIENT COSMETIC NON-SURGICAL AGREEMENT**

### **Patient Responsibilities:**

- I have listed all known allergies, medications I am using, prior operations, and illnesses/medical conditions on my medical history form.
- I agree to keep Charleston Oculofacial Plastic Surgery informed of my permanent address and phone so that I may be contacted regarding any late findings or developments.
- I understand that cosmetic surgery fees are not billable to insurance, nor will they be submitted to insurance by Charleston Oculofacial Plastic Surgery.

### **Payment Policies:**

- If you are a new patient to the practice, a \$175 consultation fee is due upon booking your appointment.
- If you are an existing patient a \$175 scheduling deposit is due at the time your treatment date is chosen, and a commitment is made to you to reserve this time. This deposit will be credited towards the treatment fees. This deposit is refundable until 48 hours prior to the scheduled date of treatment.
- Treatment fees are payable to "Charleston Oculoplastics, LLC." VISA, MC, and AMEX are accepted.
- Fees are refundable in full up to 48 hours prior to treatment. There is no refund for cancellations or rescheduling within 48 hours or less prior to the treatment date.
- If a refund is issued, there will be a 5% cancellation fee.

### **Extra Expenses:**

- I understand that the fees quoted to me are solely for the anticipated procedure. I understand there is a very small possibility that there might be additional expenses due to complications. I agree that I am solely responsible if there are any such additional expenses, such as ER visit, hospitalization, etc.
- I understand that there is no guarantee that I will be 100% satisfied with the results of the procedure. If it is determined further treatment is desired, you will be responsible for such additional costs. Examples include additional neurotoxin, syringe of fillers, and any other nonsurgical treatments.