

## FINANCIAL POLICIES

### **COSMETIC PROCEDURES AND COOLSCULPTING**

Your surgery proposal will include all pre-operative visits as well as post-operative visits for a full year following surgery. The facility fee in the proposal includes usage of our accredited operating suite, surgical supplies, anesthesia, and recovery room. The proposal will not include any lab work or medical tests (such as EKG or Mammogram) if required for surgery. Also not included in the proposal are any pathology charges (if applicable), or prescription medications.

If a revision of the original surgery is necessary within the first year, the facility fee will be your responsibility; however, Dr. Goh may reduce or waive the Surgeon's fee at her discretion provided all recommended post-operative instructions are followed.

Dr. Goh's fee proposal will be honored for three months following the date of the proposal.

At the time your surgery is scheduled a \$1000 deposit (or 50% of your total fee, whichever is less) is required. The deposit reserves the surgeon's time, anesthesia, the equipment, services, and supplies that require advance financial commitment. **This deposit includes a 50% non-refundable booking fee.** The deposit is applied to your total cost. **THE REMAINING BALANCE OF YOUR TOTAL FEE IS DUE TWO WEEKS PRIOR TO YOUR SCHEDULED SURGERY DATE, NO EXCEPTIONS.** (For Coolsculpting procedures the balance remaining after the deposit is paid may be paid the day of the treatment.)

### **Refunds**

- If you cancel or reschedule within three weeks of your scheduled procedure date you will forfeit the full \$1000 deposit.
- If you cancel more than three weeks before your scheduled procedure date you will forfeit the non-refundable 50% booking fee.
- If you reschedule more than three weeks before your scheduled procedure date you will forfeit the non-refundable 50% booking fee. You will be required to pay an additional \$500 to bring the deposit level back up to the required \$1000 to schedule a new procedure date.

Dr. Goh's discretion will prevail regarding refunds for cancellation due to medical results from pre-operative testing results that may delay your scheduled date.

### **PAYMENT METHODS (Applies to all payments)**

Payments may be made with cash, Visa, MasterCard, American Express, Discover, Care Credit, or personal checks. Please be aware that GSPRS cannot hold checks for deposit at a later date, all checks will be deposited daily at the close of business. No exceptions. As mandated by SC law, a \$30 fee will be charged for all returned checks.

By your signature below, you acknowledge you have read and understand these financial policies. You have been given the opportunity to ask questions regarding these fees and understand your financial obligations.

EMAILING AND TEXTING STATEMENT: At the present time GSPRS does not encrypt emails or texts. Patients who contact GSPRS via text or email do so at the risk of having their protected health information exposed to others.

I agree to the financial policies of GSPRS as well as acknowledge the risk of communication via unencrypted media.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(6/2023)

