Name:	_ Surgery date (or month/yr):			
All surgeon fees must be paid 14 days possible scheduled less than 14 days prior to you the time of your booking.	rior to your surgery. If surgery is r selected date all surgeon fees are due at			
A <u>non-refundable</u> scheduling/booking fe greater than 6 months from date of initial	al scheduling) is required and is credited e by check (if scheduled surgery is greater			
all necessary fees, failure to arrive on tir any manner that would make it imprope did not follow all pre-operative instructi				
Cancellation 8-14 business days prior to	the scheduled procedure:			
25% of the surgeon fee				
Cancellation 2-7 business days prior to the scheduled procedure:				
50% of the surgeon fee				
Cancellation within 2 business days prior to the scheduled procedure:				
75% of the surgeon fee				
Cancellation day of surgery: 100 percent of the surgeon fee is forfeited.				
Hospital and anesthesia cancellation fees are per their policies.				
Signed:	/Date//			

Rescheduling the procedure and any reduction in the cancellation charge is at the sole discretion of Dr. Reilly.

"Revision" or "touch –up" surgery may sometimes be necessary. Occasionally it may be performed in the office with local anesthesia if it is <u>minor</u>. It is at the sole discretion of Dr. Reilly as to whether it is reasonable, can be performed in an office setting safely and whether any surgeon fee is charged. Complimentary "touch up surgery", if offered, is only available within the first year and has a minimum fee of 200 dollars for supplies.

Any "revision" or "touch-up" surgery performed in a hospital operating room will <u>always</u> have associated anesthesia and facility costs and they are solely the patient's responsibility. A surgeon's fee, at the discretion of Dr. Reilly, may be required.

Fees paid for surgery do not include any additional costs that may be incurred due to unanticipated events as well as any costs associated with analyzing tissue specimens removed including breast tissue in men and women.

In any matters in dispute after the fact or after services are rendered, I/we hereby waive any privacy consideration under the Health Information Portability and Accountability Act of 1996 (HIPAA).

Please do not sign this form until you have <u>completely</u> read this two page document, have had all your questions satisfactorily answered and have confirmed your schedule and finances.

Signed:	Data	/	/
Signed:	Date	,	/
- Direct			

THANK YOU!