



Aguirre Specialty Care
PELVIC SURGERY & INTIMATE AESTHETICS

PAYMENT POLICY FOR AESTHETIC SURGERY

Dr. Aguirre is the leading surgeon in his field of expertise in the Rocky Mountain region and takes great pride in providing quality and confidential care. Patients are exceptionally valued and provided extensive consultation time with both Dr. Aguirre and our patient liaison, enabling all questions and concerns to be addressed well in advance of scheduled surgery.

Please carefully consider your surgical date before scheduling. As you can imagine, surgical slots are at a premium. A great deal of thought has been given for evaluation, preparation, surgery time, and staffing needed for each procedure. In consideration of Dr. Aguirre's time and that of Aguirre Specialty Care staff, as well as that of fellow clients, we have an unwavering financial policy.

A 10% non-refundable deposit is required at the time of scheduling the surgery. This allows us to block the time needed for your surgery. The remaining balance is due and must be received two weeks prior to surgery. We accept cash, all major credit cards, and cashier's check. Personal checks are not accepted. Financing options are available upon request.

Our cancellation policy for procedures cancelled by the patient is:

- more than 5 business days of the scheduled date of surgery, only 50% of the surgical fee is refundable
- 5 or fewer business days of the scheduled date of surgery, only 25% of the surgical fee is refundable, except that none of the surgical fee is refundable if the surgery must be cancelled on account of the patient's failure to arrive as scheduled
- The consultation fee and deposit may still be applied only if the surgery is rescheduled to take place within 120 days of the original surgery date. This consideration will be available one time only, for a \$500 rescheduling fee

Please note, additional surgical procedures must be planned and paid for in advance.

I understand and agree to the Aguirre Specialty Care Payment Policy for Aesthetic Surgery.

Patient Signature

ASC Representative

Date