Name:	Surgery date (or month/yr):		
All surgeon fees must be paid 14 days pr scheduled less than 14 days prior to you the time of your booking.	ior 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 towards your balance. This fee is payable than 2 weeks away), credit card, cash, m	al scheduling) is required and is credited by check (if scheduled surgery is greater		
If you cancel, or cause your surgery to be all necessary fees, failure to arrive on tin any manner that would make it improped did not follow all pre-operative instruction and the person who may have paid for the charges below:	ne or arrive in any condition or behave in r or unsafe to proceed with surgery, or ons by your physicians or hospital) you		
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 price	or to the scheduled procedure:		
75% of the surgeon fee			
Cancellation day of surgery: 100 percen	t of the surgeon fee is forfeited.		
Hospital and anesthesia cancellation fee	es 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	/	/
oighea.	Date	/ /	,

THANK YOU!