

SURGICAL DEPOSIT AGREEMENT
TLKM PLASTIC SURGERY, LLC
Phone: (312) 788-2560
Fax: (312) 788-2563

It is important to us that patients fully understand their financial obligations, along with our payment, cancellation and rescheduling policies prior to undergoing surgery with TLKM Plastic Surgery, LLC.

When you schedule surgery we must reserve time in the operating room at the chosen facility, 900 North Surgical Center or Northwestern Hospital. At these facilities, Dr. Mustoe and Dr. Sinno have secured operating room time, involving surgical nurses, technicians, and anesthesiologists to be available. Both facilities hold Dr. Mustoe and Dr. Sinno accountable if this time is not used. Furthermore, we must turn down every other patient who wants surgery on the day and the time we have reserved on your behalf.

The foregoing policy also holds for procedures done in our office:

Based on both the financial and time commitments Dr. Mustoe and Dr. Sinno must make, we ask that you be definite about your desire for surgery, and certain you have the funds available before scheduling your surgery.

The Surgical Deposit Agreement is outlined below. When you feel you understand the contents of this form, and agree to the terms, please sign, and date on the line indicated below.

I understand that:

- My surgery is scheduled with Dr. Mustoe or Dr. Sinno, and I have reserved the operating room/office procedure room on a specific date for my surgery. Hence, upon scheduling, it is no longer available to other patients. **Therefore, I agree to submit a \$2,000 surgical deposit at the time I request my surgery to be scheduled.**
 - **If your procedure is less than \$4,000, one half the surgical fee is required.**
- At the time of my pre-operative visit, my initial consult fee and surgical deposit will be applied to the surgical fee charged by Dr. Mustoe or Dr. Sinno.
- All surgical fees must be paid for ***no less than six weeks prior to the date of your surgery.*** The operating room and anesthesia fees will be billed directly to you, the patient. Each facility has specific payment policies that will be defined during the surgery scheduling process.

Cancellation and Rescheduling Policy For Surgical Deposit and Surgeon's Fee:

- Cancellation or rescheduling ***less than 10 weeks prior to surgery*** – **Forfeiture of Deposit and First Time Rescheduling Fee of \$350**
- Cancellation 15-21 days prior to your procedure date will result in a 25% loss of all fees.
- Cancellation 2-14 days prior to your procedure will result in a 50% loss of all fees.
- Cancellation 1 day or less from your procedure date will result in 100% loss of all fees.
- Rescheduling your surgery ***more than once*** – **Rescheduling Fee of \$500**

I UNDERSTAND AND AGREE TO THE ABOVE TERMS

Please sign and return. Thank you.

Signature: _____ Date _____