

**ROBERT J. SPIES, M.D., P.C.**  
5410 N. Scottsdale Rd. SUITE C-100  
Paradise Valley, ARIZONA 85253  
480-890-0600

## **FINANCIAL POLICY**

(Please Read Carefully)

All office payments are expected before services are rendered unless prior financial arrangements have been made. Payment may be in the form of cash, Visa, Mastercard, Discover, American Express. Cashier's Checks.

Cosmetic procedures are not covered by insurance companies. **All cosmetic surgery fees are due and to be paid in full three (3) weeks prior to the surgical date.** Any late payments require a certified cashier's check or cash only.

**A non-refundable \$1000 fee is required to schedule a surgical date.** There is an additional \$250 rescheduling fee if cancellation occurs any time within 4 weeks from your surgical date

If a cancellation occurs within 2 weeks of your scheduled surgery date, 25% of the surgeon's fee will be forfeited. If cancellation is within 1 weeks of the surgical date, 50% of the surgeon's fee will be forfeited. Cancellation within the 48 hours before the surgical date, 100% of all fees will be forfeited.

I have read the stated financial policy and agree to abide by the terms as stated above.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Witness