

ROBERT J. SPIES, M.D.
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. Payment may be in the form of Cash, Visa, Mastercard, Discover, American Express. Cashier's Checks. (Credit/Debit cards will have a 3.95% transaction fee)

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 only.

A non-refundable \$1000 fee is required to schedule a surgical date. There is an additional \$500 rescheduling fee any time within 4 weeks from your surgical date, this fee increases to \$1000 if within two weeks of surgery.

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

3/2023