



Financial Consent For Procedures

This consent is Inclusive of surgical procedures, minimally invasive procedures, anesthesia, fillers, neurotoxins, and injectable agents.

The fees that are indicated in the quote provided are for the procedures listed in the surgical quote, based on the procedures mutually agreed upon by you (the patient), and Dr. Stokes. If you are unclear about any or all of the details discussed regarding your surgery, an appointment can be scheduled with Dr. Stokes to discuss the nature of your procedure further.

SURGERY OR PROCEDURE

The quote given includes the Surgeon's Fee, the Anesthesia Fee, the Facility Fee, and routine postoperative care. These Surgeon's fees will be honored for twelve (12) months from the date written below. The Anesthesia and Facility Fee are not controlled by eSse Plastic Surgery and can change at any time. A \$500 nonrefundable scheduling fee is required to secure your surgery date and time. The BALANCE OF THE SURGICAL FEE AND THE ANESTHESIA FEE IS DUE TEN (10) BUSINESS DAYS PRIOR to the scheduled date of the procedure. Failure to pay the remaining balance ten business days prior to the surgery date may lead to postponement of your surgical procedure. If the surgery is cancelled four weeks prior to the scheduled date a \$500 cancellation fee will be charged. If the procedure is cancelled within 10 business days of the procedure, the entire surgical fee will be forfeited by the patient. However, the sum or increments thereof may be applied to a future surgical procedure. Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. We will be happy to accommodate requests to reschedule procedures on a timely basis and based on facility availability. If you need to reschedule your surgical date a \$200 reschedule fee will be charged. NOTE: Any future revisions will be charged at full price.

FILLERS (Restylane, Juvederm, Radiesse, Versa etc.), NEUROMODULATORS (Botox, Xeomin, Jeuveau and Dysport), VOLUMIZERS (Sculptra, etc.)

The office procedure described to you will be quoted on a dollar per syringe basis (fillers), or a dollar per unit basis (Neuromodulators). This is based on the understanding that Dr. Stokes is providing you with the amount of filler and/or neuromodulator that will provide a result that will suit your aesthetic needs. On occasion, more filler and/or neuromodulator will be required in order to provide an optimal result. All charges and sales on all fillers, neuromodulators, and volumizers are FINAL. Should the patient decide to cancel a check or charge back on a credit card, the patient will be responsible for any and all costs associated with the procedure and any costs associated with the administrative costs of this action (see below).

Your signature below represents your understanding that you will pay a nonrefundable fee for services provided by Dr. Stokes and office staff. You have the option to pay via cash, check, credit card, or use a financing option (CareCredit, Prosper). In the event of a credit card "charge back", you will be responsible for a \$200 chargeback fee, and any administrative and/or legal fees required in restitution of the agreed upon fees for surgery. In the event of a cancelled check, you will be responsible for any cancelled check fees, any administrative and/or legal fees required in restitution of the agreed upon fees for surgery.

Witness Signature
Date _____

Patient/Agent/Guardian Signature