

Dr. Kenneth A. Godwin

301 Oxford Valley Road

Suite 903

Yardley, PA 19067

**Financial**

* Cosmetic procedures are not covered by insurance.
* Cosmetic surgical procedures require payment in full prior to surgery.
* Occasionally, we charge $25.00 for cosmetic consultations. Payable during the time of scheduling.

**Surgical Scheduling**

* A 25% non-refundable deposit is required to book your surgery (this fee holds your date of surgery).
* Final balance is due 10 days prior to the date of surgery.
* If paying by check, final payment is due 15 days before surgery.
* We accept cash, check, Visa, Mastercard, Discover, American Express, CareCredit and Alphaeon.

**Cancellation & Rescheduling**

* We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well; we kindly request your courtesy.
* You may reschedule your surgery once at no charge with at least a 14-day notice. Your deposit will be applied to your rescheduled date.
* Should you need to reschedule your surgery again, there will be an additional $500 fee to do so.
* If you cancel your surgery within 14 days prior to surgery, the 25% deposit is non-refundable. We will refund any additional payments that have been made.

**Other Charges**

* Some surgeries are performed in the hospital or outpatient surgery centers. Please be aware that the hospital and anesthesia fees are separate expenses; these fees typically increase annually. You will be responsible for making payments separately for these fees. Furthermore, CareCredit and Alphaeon financing are not accepted as payment at these facilities.
* Hospital and outpatient surgery fees must be paid to this facility according to their guidelines. Typically, one week prior to your date of surgery.
* If you require a revisionary procedure, the operating room fee and anesthesia fee would be your responsibility. There may be an additional fee for the surgeon depending on the revision that is necessary.
* Price quotes are typically honored for 6 months; unless price increase is due to hospital fee increase.

I have read the above policy and conditions thoroughly and I agree and understand the terms.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_