

Timeless Health Solutions, Inc Cosmetic Surgery Fee Agreement

I understand that additional testing including EKG, chest x-ray, mammogram, and pre or post-surgical lab-work is not done through our office and therefore will be billed separately.

I understand that my prescriptions will also be an additional cost to me.

I understand that my procedure may require additional pathology. In situations such as this, additional fees will be billed to me, the patient, directly from the pathologist.

I understand that this testing will be done at Dr Tanchitnob's discretion and in my best interest as his patient.

I also understand that if a revision is required for any reason including cosmetic result, surgical complications, or other indications, my medical health insurance may not cover it. This applies even if the original procedure was a covered benefit. In this situation I agree that I am personally responsible for payment of all cost associated with any subsequent revisionary procedures. These costs include Dr. Tangchitnob's usual and customary fees as well all other cost such as medications, anesthesia, and surgical facility charges.

Payment for cosmetic plastic surgery is **due in full prior to surgery. At the time of scheduling an administration fee of \$ is due.** The remaining balance is due at pre-op. This fee covers pre-operative administrative services including but not limited to surgery center scheduling, pre-operative appointments, pre-operative test scheduling and evaluation. The administration fee is **non-refundable**. Acceptable forms of payment include cash, or money order. Major credit cards are accepted these include: Visa, MasterCard, Discover, and American Express. Approved third party financing is accepted.

Patient Signature

Date

Witness Signature

Date