



Celestial Plastic & Reconstructive Surgery Cancellation Policy

No Show Policy for Office Appointments:

At Celestial Plastic & Reconstructive Surgery, we appreciate each and every one of our patients and prepare for your visit in advance. We reserve your appointment time with our award-winning plastic surgeon exclusively for you. Please, do us the courtesy of calling our office no later than 48 hours before your appointment if you need to reschedule.

For cosmetic consultations, your consultation fee is non-refundable in the event of:

- Appointment no-show
- A late show over 15 minutes after your appointment time
- Same-day cancellations
- Appointment cancellation less than 24 hours prior to the scheduled appointment date and time

For follow up appointments and insurance patients a \$50 cancellation fee will apply in the event of:

- Appointment cancellation less than 24 hours prior to the scheduled appointment date at time
- No-show appointments
- Late show over 15 minutes after scheduled appointment time
- Same-day appointment cancellation

Surgery Cancellation Policy:

Life happens! We understand that a situation may arise that could force you to cancel or postpone your surgery. Please understand, however, that your surgery date is reserved exclusively for you, meaning other patients are not offered this date and time in anticipation of *your* procedure. Changes to your surgery date affect your surgeon and other patients as well as the operating room and anesthesia teams.

In light of this, should you find it necessary to *cancel* your surgery after your pre-op appointment, your cosmetic fees will be refunded less the full amount of your surgery deposit. If you decide to *reschedule* your surgery, the surgery deposit amount can be applied to your rescheduled surgery for up to one year after that deposit is made. Any surgery rescheduling will be subject to the original surgery cancellation policy terms, and rescheduling will be allowed a total maximum of 2

times before any deposit is considered forfeited. **For any fees refunded, we reserve the right to withhold the associated merchant's fees for collecting that charge, if paid by credit card.**

If you have any questions about our policy, please do not hesitate to ask. It is designed to protect everyone and facilitate as smooth of an experience as possible. We truly appreciate your understanding of and cooperation with our policy.

Patient (Print): _____

Signature: _____

Witness: _____

Date: _____