FINANCIAL AGREEMENT AND OFFICE POLICIES

I understand that I am financially responsible for 100% of patient responsibility and that payment is due before service is rendered.

I understand that payment by credit card may be due prior to the appointment to reserve/confirm the appointment.

I understand that a **non-refundable 5% administrative fee** is included in the total amount paid for all consultations and procedures. This is not an additional charge. However, in the event of a cancellation, 5% of the total paid amount will be retained by the practice as an administrative fee and will not be refunded. **In addition, other non-refundable cancellation or rescheduling fees may apply as outlined in the sections below.**

I understand that any returned payments via ACH or debit card are subject to a $25 fee.

I understand that I must present a valid photo ID during the scheduling process.

I understand that Raleigh Eye and Face Plastic Surgery may save a credit card on file similar to other businesses and that Raleigh Eye and Face Plastic Surgery collects and securely maintains my credit card information using industry standards.

We accept major credit cards, debit cards, and ACH (bank transfer) payments. A 3% processing surcharge will be applied to all payments made by credit card. This surcharge is assessed to offset credit card processing costs. Debit card and ACH payments are not subject to any surcharge.

Surgery and Laser Procedure Scheduling & Payment Policies

- **Scheduling Deposit**
  A **non-refundable $500 scheduling deposit** is required within **48 hours of booking** any surgery or in-office laser procedure. If this deposit is not received, the surgery date will be cancelled and the time will be offered to other patients. The deposit is applied toward the total balance. **If rescheduled with more than 30 calendar days' notice, the original deposit may be applied to the new date. If rescheduled at 30 calendar days or fewer, a new $500 deposit is required to reschedule.**

Note: *The scheduling deposit is separate from the 5% administrative fee (which is not an additional charge but is withheld from any refunded amounts), which applies to all payments. Rescheduling fees apply* ***per occurrence****.*

- **Full Payment**
  The portion of fees owed directly to Raleigh Eye and Face Plastic Surgery must be paid in full **at least 30 calendar days prior to the scheduled surgery or laser procedure**. Failure to submit the payment may result in cancellation of the surgery or procedure, and the time being offered to other patients.

- **Cancellation/Rescheduling Fees (calendar days)**
  Cancellations or rescheduling or changes in procedure plan (e.g. changing plan from a quad blepharoplasty to a lower blepharoplasty) **at 30 calendar days or fewer from surgery or laser procedures** are subject to the following fees:

Notice Period Before Surgery/Laser	Cancellation/Reschedule Fee
15–30 calendar days	$500
8–14 calendar days	$1,000
7 calendar days or less	$1,500
No-show	$2,000

These fees are in addition to the non-refundable $500 scheduling deposit and the 5% administrative fee that is withheld from any refunds. Rescheduling fees apply ***per occurrence****.*

If you are more than 30 minutes late for a surgery appointment, this may be considered a 'no-show'.

If you are more than 15 minutes late for a laser appointment, this may be considered a 'no-show'.

Rescheduling surgery more than 3 times will incur an additional $250 fee. For any rescheduling requests made 30 calendar days or fewer before the surgery date, the cancellation and rescheduling fees outlined in the table above apply.

Filler and Minor In-Office Procedure Payment Policies

- The portion of fees owed directly to Raleigh Eye and Face Plastic Surgery for fillers or other in-office minor procedures (not including surgery or laser) must be paid in full **at least 2 weeks prior** to the planned procedure in order to confirm and reserve the appointment.

- Failure to make this payment by the deadline may result in cancellation of the procedure and the appointment being offered to other patients.

- All payments include a **non-refundable 5% administrative fee**, separate from any other deposits or fees, which is retained in the event of cancellation or refund.

Late Cancellation/Rescheduling Fees (in addition to the administrative fee):

- Cancellations or rescheduling **within 48 business hours** of the procedure: **$100 fee**.

- Cancellations or rescheduling **within 24 business hours** of the procedure: **$150 fee**.

- No-shows: **$300 fee**. If you are more than 15 minutes late for your appointment, this may be considered a ‘no-show’.

- **Business hours** are Monday through Friday, 9:00 AM to 5:00 PM EST, excluding holidays and days when the office is closed.

- Rescheduling fees apply **per occurrence**.

Office Appointments (Non-Procedure)

- Cancellations or rescheduling **within 48 business hours** of the appointment: $50 fee.

- Cancellations or rescheduling **within 24 business hours** of the appointment: $75 fee.

- No-shows: $255 fee. If you are more than 15 minutes late for your appointment, this may be considered a ‘no-show’.

- **Business hours** are Monday through Friday, 9:00 AM to 5:00 PM EST, excluding holidays and days when the office is closed.

- Rescheduling fees apply **per occurrence**.

Communication Policies

I understand that it is my responsibility to review and respond to communications from Raleigh Eye and Face Plastic Surgery in a timely manner to avoid missed or cancelled appointments. Communications may include text messaging, the patient portal, email, and voicemail.

I understand that if I frequently reschedule, then I may have limited access to calendar availability.

I understand that if I fail to confirm my appointment at least **48 hours in advance** or whenever asked by the office, my appointment may be canceled.

Technology Use

I understand that Raleigh Eye and Face Plastic Surgery may use artificial intelligence tools to enhance efficiency, improve scheduling, and support clinical documentation. These tools are used in conjunction with and under the supervision of licensed healthcare professionals and are implemented using HIPAA-compliant, industry-standard methods.

Office Code of Conduct

- One adult guest is permitted to accompany patients during appointments.

- For safety reasons, no children are permitted in the office, as medical equipment and motorized devices are in use.

- No pets are allowed in the office.
- No weapons are allowed in the office.
- No smoking or vaping in the office.
- Photography, audio, or video recording is not permitted in the office or during consultations without prior consent.
- Mutual respect is required at all times. The practice has a zero-tolerance policy for verbally or physically aggressive or disrespectful actions toward staff or the office in any way.

Practice Rights

I understand that failure to comply with financial agreement and office policies may result in termination from the practice.

By signing below, I acknowledge that I have read, understood, and agree to abide by the financial agreement and office policies of Raleigh Eye and Face Plastic Surgery. I agree that an electronic signature or electronic copy of this agreement is valid and binding.

Signature: _____
Printed Name: _____
Date of Birth: _____
Date: _____

Financial Agreement and Office Policies Revised 7/21/26