



DR. EDWARD E. DICKERSON, IV
Fayetteville Plastic Surgery
Cape Fear Aesthetics MedSpa
Cape Fear Aesthetics of Cary

Surgical Payment & Cancellation Policy

In some cases, procedures are scheduled at least two to three months in advance. Please call at your earliest convenience to reserve a date and time for your surgery. A Deposit of \$1000.00 is required to reserve the date of surgery. Procedures **under \$1000 must be paid in full** at the time of reservation. Pricing on your surgical quotes is only valid for 90 days from the original proposal date.

Once your deposit is paid, you may cancel or reschedule your appointment **up until 2 weeks prior** to the date. If you decide to **cancel within 2 weeks** of your surgery, your **deposit will not be refunded**. If you cancel within one week of your appointment, you will forfeit **ALL** the money you paid towards your surgery and you will not receive a refund.

Please ask to speak with one of our Concierges at the front desk if you have additional questions or call us at (910) 323-3757.

Whether your procedure is being done on an outpatient or inpatient basis, you should arrange for **someone to drive you home** after your surgery, and to **help you out for a day or two** if needed. You will require some post-operative care immediately following your procedure. If you desire a private duty nurse, please let us know. Given enough notice, we can provide individuals information to choose from. Otherwise, we can provide information to a friend or family member.

- 1). I understand this policy and have asked questions to a staff member if further clarification was needed.
- 2). I authorize Fayetteville Plastic Surgery & Cape Fear Aesthetics to keep my \$1000.00 deposit if I cancel my surgery within 2 weeks of my surgery date.
- 3). I also understand that if I cancel my surgery within one week of my surgery appointment, I will forfeit ALL the money I paid towards my surgery and will not receive a refund.

THIS INFORMATION HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND.

I agree and adhere to the financial agreement outlined above.

Name: _____ **Date:** _____

Signature: _____ **Witness Signature:** _____