

SURGICAL POLICIES

NAME:			
PROCEDURE:			
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Thank you for visiting Brampton Cosmetic Surgery and Medical Spa. Our policies and procedures below are designed to provide complete transparency and disclosure with respect to fees, payment methods, policies etc. Please review carefully and discuss with clinic staff should you have any questions.

1-SURGERY FEES:

- a. Deposit- A deposit of **\$2500.00** is paid at the time the surgery is scheduled. Deposit is deducted from the surgery cost._____
- b. Balance- The balance owing is due at time of the pre-op appointment. Payment not paid prior to the surgery will result in postponement of the surgery until the fee is paid._____
- c. Method of Payment- All remaining balances must be paid by cash, certified cheque, E-Transfer (sent to info@bramptoncosmetic.com), money order or bank draft. Personal cheques and credit cards will not be accepted._____
- d. Fees quoted at the time of consult are for a 3 month period. Prices may be increased to cover rising costs after this period of time._____

2 - SCHEDULING OF THE SURGERY:

Every endeavor is made to schedule the surgery on the date that you have requested, however, it is foreseeable that the date in some situations may have to be rescheduled. You will be given plenty of notice to allow changes in your busy schedules._____

DATE AND TIME OF SURGERY:

3 - CANCELLATION OF SURGERY:

A fee is necessary to cover administration costs, scheduling of anesthesia, nurses (scrub nurse, circulating nurse, recovery room nurse) and surgical supplies specific for the procedure i.e. breast implants.

- a. Cancellation due to medical reasons with physicians note and applicable investigation results will be refunded with the following exceptions:
 - Administration fee (cost incurred during pre op visit, cancellation of anesthetist, nurses, and medical or surgical supplies that have been ordered and returned). A fee off \$500.00 will be deducted from refund
- b. Cancellation due to death of an immediate family member (father, mother, brother, sister or children) must provide proof of death in order to receive a refund with the exception of:
 - Administration fee (cost incurred during pre op visit, cancellation of anesthetist, nurses, and medical or surgical supplies that have been ordered and returned). A fee off \$500.00 will be deducted from refund______.
- c. Cancellation after surgery booking full deposit is non-refundable.____
- d. Cancellation of surgery after your pre-operative appointment full amount is non-refundable.
- e. Should you test positive for COVID-19 your surgery will be postponed not cancelled. **No refunds will be issued.**
- f. In the event of a delay of your procedure due to a pandemic, your procedure will be moved to the next available date. Brampton Cosmetic will not provide refunds due to an unforeseeable government shut down.



4 - PATIENT RESCHEDULES THE SURGERY DATE:

If the patient should change a scheduled surgery date there will be a \$500 administration fee._____

5- FOLLOW-UP VISITS FOR ASSESSMENT:

Follow-up visits are scheduled at approximately1 week; 6 weeks; following the surgery, and is covered by the surgery fee. It is unusual that more visits would be required. Further follow up appointments may be arranged during that time if necessary. We require 2 business days to cancel or reschedule an appointment. Last minute cancellations, missed appointments or more than 15 minutes late for your appointment will result in a cancellation fee. The fee for cancellation with less than 2 business days' notice will be 100.00+hst_____.

a) For convenience, we offer follow-up visits via phone or virtually and recommend this option when possible.

6 - SURGICAL PRODUCTS:

Surgical products that have warranties (i.e. Breast implants); the patient will pay for the product and surgery and then be reimbursed either by the manufacturer or Brampton Cosmetic for the product only.

7 – OFF WORK DOCUMENTS/ INSURANCE FORMS :

Brampton Cosmetic provides one complimentary doctor note (insurance forms not included) with your procedure. Any additional notes, insurance forms etc. will be subject to a \$25.00/page fee. Please submit any form requests to the front desk prior to your appointment.

I have read and understood the surgery policies. I have had the opportunity to review and ask questions about the policies and have agreed to the conditions.

Patient signature

Date

Witness

Date

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