



## TEXAS SURGICAL ARTS

### FINANCIAL POLICY

Our financial policy is as follows to assure that you have the best surgical experience possible and are fully informed throughout our relationship.

- \_\_\_ A \$1000 deposit is required to book your surgery. **This fee is refundable up to three weeks prior to your surgery date.** We **will not** schedule your surgical procedure without receiving the deposit.
- \_\_\_ Your final quote includes Dr. Bonnor's fee, facility fee, and anesthesia fee. Anesthesia fees are billed separately and are based upon an estimate of the average length of time the procedure takes. If surgery extends beyond the time quoted, you will be billed by the facility and anesthesiologist for additional fees. Likewise, you will receive a refund from the facility and anesthesiologist if your surgery is completed in a shorter period of time
- \_\_\_ **The full balance of Dr. Bonnor's fee is due two (2) weeks prior to your surgery date.** There will be no exceptions to this policy. If payment is not received, your surgery may be postponed or cancelled. Facility and Anesthesia fees can be paid the day of your procedure at the surgery center.

### CANCELLATION POLICY

- \_\_\_ Cancellations made up to 14 days prior to surgery will be refunded at 100% of Dr. Bonnor's fee. Cancellations made up to 7 days prior to surgery will be refunded 50% of Dr. Bonnor's fee. Any cancellations made within 7 days of surgery will not be refunded.
- \_\_\_ **Testing for nicotine is routinely performed on patients the day of surgery. Should you test positive for nicotine products, we reserve the right to cancel your procedure for that day. Your procedure may be rescheduled for a later date at Dr. Bonnor's discretion. Should you choose or be allowed to reschedule your procedure, a minimum fee of \$500 will be required.**

I attest to reading the information above.

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Print Name

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Signature

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Date



TEXAS SURGICAL ARTS

**PHOTO CONSENT**

I hereby acknowledge that I have been advised that photographs and video will be taken of me or parts of my body before, during and after surgery. I hereby give my consent for Texas Surgical Arts to use the photographs/video under the following circumstances: Please initial ONLY ONE of the following selections:

**WEBSITE & MEDIA \_\_\_\_\_**

Photographs, electronic images and video footage taken of me or parts of my body as well as details regarding medical service I have received at Texas Surgical Arts may be used in any print or electronic media, including but not limited to our website, Facebook, Snapchat, Instagram, Real Self, and YouTube to inform the public about cosmetic surgery methods.

**WEBSITE ONLY \_\_\_\_\_**

Photographs, electronic images and video footage taken of me or parts of my body as well as details regarding medical services that I have received at Texas Surgical Arts, may be used only on our website in order to inform the public about cosmetic surgery methods.

**MEDICAL ONLY \_\_\_\_\_**

Photographs and electronic images taken of me or parts of my body can be solely used for the purpose of my medical care with Texas Surgical Arts. The photographs and electronic images and details regarding medical services rendered to me will be kept confidential in my medical file at Texas Surgical Arts

I acknowledge that I will not receive any compensation for the use of my representation and hereby release Texas Surgical Arts, Ricardo M. Bonnor, M.D., F.A.C.S. and the personnel from any and all claims which arise out of, or are in any way connected with such case.

I do further certify that I am of legal age and possess full legal capacity to execute the preceding authorization and release.

I have read this release before signing below, and fully understand the conditions of this release.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date