



Explanation of Payment Policy

I hereby agree to pay directly to James C. Grotting, MD. I will be responsible for any fees, medical and surgical, payable three weeks prior to any scheduled procedures. Fees may be paid by cash, check, or credit card.

We also offer Care Credit as a financing option for patients. Please see our website for application instructions or speak with Vicki Goldstein. No fees will be filed with your insurance as we specialize in aesthetic (cosmetic) procedures only.

If I cancel my surgery for reasons other than a personal or family emergency, I understand that \$500.00 will be withheld from any refund of my surgical fees.

I understand that I am responsible for bloodwork, mammograms, x-rays, etc. needed for pre-operative medical clearance or post-operative treatment.

I authorize treatment by James C. Grotting, MD. and any additional personal or staff members that he directs in my care.

Signature: _____ **Date:** _____