Payment & Cancellation Policy

Phone: (210) 640-6310
Fax: (210) 824-2183

It is important that our patients fully understand their financial obligations along with our payment and cancellation policy prior to undergoing surgery with New Image Plastic Surgery.

I understand that:

- Once my surgery is scheduled with Dr. Homas or Dr. Brostrom, this time is no longer available to other patients. I agree to submit a $1,000 surgical deposit at the time surgery is scheduled. This deposit will be applied to the total surgical cost.
- Payment in full is required no later than the date of my pre-operative visit.

Cancellation and Rescheduling Policy:

- We understand that circumstances may arise requiring a cancellation
- Cancellation at least 4 weeks prior to surgery date – **Full Refund of Deposit**
- Cancellation less than 4 weeks prior to surgery date – **Forfeiture of Deposit**

We will provide a full refund in the rare circumstance we need to reschedule or cancel your surgery or in the event of a documented medical reason with a treating doctor's statement.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS
Please sign and return. Thank you.

Signature: _____ Date: _____