



**Wellesley
Cosmetic
Surgery**

Surgical Contract

The following is a contract between _____ and Wellesley Cosmetic Surgery for the procedure listed below.

Name of Procedure _____

Date of Procedure _____

The total cost of the procedure is \$ _____

A booking fee of \$250.00 is required to hold your surgery date.

Balance due to Dr. Shektman \$ _____

All remaining payments are due 15 business days prior to surgery. If payment is not received in full within this timeframe, your surgery date will be canceled, to be re-scheduled once payment is received.

Acceptable forms of payment are credit card, bank check or cash. We do not accept credit card checks.

We will not accept payment on the day of surgery.

Failure to cancel your surgery at least 15 business days prior to your surgery will result in a loss of 10% of fees paid plus the surgical deposit.

Failure to cancel your surgery at least 10 business days prior to your surgery will result in a loss of 20% of fees paid plus the surgical deposit.

Failure to cancel your surgery at least 48 hours prior to your surgery will result in the loss of all fees paid plus the surgical deposit.

These fees are only valid for six months from the date of this proposal.

The undersigned has read, understands and agrees to the terms of this contract.

Patient Name _____

Patient Signature _____ Date _____

Certified by the American
Board of Plastic Surgery

Facility accredited by the Joint
Commission on Accreditation
of Healthcare Organizations