



**Wellesley  
Cosmetic  
Surgery**

Arthur Shektman, MD

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## **Surgical Contract:**

### **Between Wellesley Cosmetic Surgery**

Name of Surgery: \_\_\_\_\_

The total cost of the procedure is \_\_\_\_\_

**Non-refundable consultation and administrative fee of 20% of procedure paid:** \_\_\_\_\_

**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. Your surgery can only be rescheduled once payment is made in

**full. Saturday, Sunday, and holidays are not considered business days.**

**We will not accept payment on the day of surgery.**

**WE DO NOT ACCEPT INSURANCE FOR ANY SERVICES.**

Failure to cancel or reschedule your surgery at least 15 **business days** prior to your surgery will result in a loss of 10% of fees paid.

Failure to cancel or reschedule your surgery at least 10 **business days** prior to your surgery will result in a loss of 20% of fees paid.

Failure to cancel or reschedule your surgery at least 3 **business days** will result in the loss of 50% of fees paid.

**If you cancel your surgery less than 5 business days before your scheduled surgery, you forfeit all fees paid.**

**IF YOU NEED TO CANCEL YOUR SURGERY WITHIN 24 HOURS OF THE SCHEDULED TIME AND DATE, YOU CANNOT DO IT ONLINE. YOU NEED TO CALL THE OFFICE, IF IT IS AFTER HOURS, PLEASE HAVE THE DOCTOR PAGED.**

Certified by the American  
Board of Plastic Surgery

Facility accredited by the Joint  
Commission on Accreditation  
of Healthcare Organizations

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

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

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_