

Steven Ross Mobley, M.D.
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MOBLEY MD
Facial Plastic Surgery

www.MobleyMD.com



Cosmetic Surgery Scheduling Agreement

Scheduling surgery is a commitment between Dr. Mobley and his patients. Selection of a particular surgical date indicates that patients are ready to proceed and is intended as a guarantee that Dr. Mobley's valuable OR time is being reserved for your surgery.

Patient's Name: _____

Date Requested: _____

Policies regarding professional fees (each must be initialed by the patient or guardian):

- 1. When requesting a surgical date**
\$250 deposit is required to reserve a surgical date. This fee will be credited towards the professional fees.
_____(Initials)
- 2. One month prior to surgery**
If surgery is cancelled with at least one month's notice, we will refund the \$250 deposit.
_____(Initials)
- 3. Less than one month before surgery**
If surgery is cancelled or rescheduled for any reason within one month of the scheduled date, the \$250 deposit will be forfeited.
_____(Initials)
- 4. 18 days before surgery**
Full payment of professional fees must be received within 18 days of scheduled surgery. Typically, this is collected three Fridays before the reserved surgical date. Cancellation or rescheduling of surgery after this date will result in a refund of 90% of the professional surgical fees less the \$250 deposit.
_____(Initials)
- 5. 1 week before surgery**
If surgery is cancelled or rescheduled within one week of the scheduled date, professional fees will be forfeited in proportion to the amount of surgical time that we are able to fill by rescheduling another patient. For example, if surgery is scheduled for four hours and is filled by a four-hour surgery, 90% of the fees will be refunded less the \$250 deposit. If a three-hour procedure is rescheduled into the four-hour slot, 75% of the fees less the deposit will be refunded. If we cannot fill the scheduled slot, 100% of the fees will be forfeited. In addition, you may be billed for OR, anesthesia, and other services that were reserved for your surgery.
_____(Initials)
- 6. No show on the day of surgery**
No-shows the day of surgery will forfeit the entire professional fee. In addition, you may be billed for OR, anesthesia, and other services that were reserved for your surgery.
_____(Initials)

I understand the above policies and agree to abide by them.

(Patient's or guardian's signature)