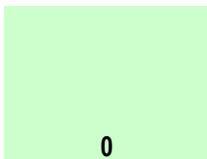


# Aesthetic Surgery

## QUOTATION



0  
Quote

Patient 0  
Surgeon 0

|    |       |   |   |
|----|-------|---|---|
| \$ | -     | <b>is(are) the Quote(s) for the surgical procedure(s) requested.</b>  |   |
|    |       | This quote includes professional fees, facility fees with anesthesia on Oahu, pre-operative and post operative appointments within a 90-day global period. This quote will be honored for ninety (90) days.   |   |
|    |       | <b>NOT</b> included in the quote(s) are post surgical garments, pain pumps, labs, pathology, digital imaging services, prescription drugs and any over-the-counter drugs. You are responsible for the co-payments of the labs, pathology, digital imaging services and prescription drugs that are covered by your health plan. |   |
| \$ | -     | <b>is a 10% Kaiser Permanente Member Discount.</b>  |   |
| \$ | -     | <b>is(are) your Quote(s) for your surgical procedure with your discount.</b>  |   |
| \$ | -     | <b>is(are) your Quote(s) for additional charge(s).</b>  | 0 |
| \$ | 54.00 | <b>is the Consultation Fee.</b>   |   |
|    |       | \$0 is the consultation fee that you paid on 1/0/1900 and will be applied to your surgery.  |   |
| \$ | 0.00  | <b>Other Benefit - does not cover cancel &amp; rescheduling fees</b>  |   |
| \$ | -     | <b>Remaining balance (including discount and paid consultation fee)</b>   |   |

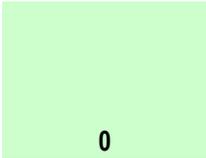
## BREAKDOWN OF CHARGES

|   |          |  |
|---|----------|--|
| \$  | 280.00   | <b>is required to Schedule your Surgery Date.</b>                      |
|   | \$0.00   | <b>is the 20% NON-REFUNDABLE deposit.</b>                              |
|   | \$280.00 | covers the cost of the pre-operative visit. (See cancellation policy.) |
| \$  | (280.00) | <b>is to be PAID IN FULL THREE (3) WEEKS PRIOR TO SURGERY DATE.</b>    |
| <b>Methods of payment accepted are:</b>                           |          |  |
| Credit cards: Visa, MasterCard, Discover and American Express     |          |  |
| Personal checks and Cashiers checks: Payable to Kaiser Permanente |          |  |

**Insurance benefits do NOT cover this procedure(s) quoted. I understand that I am responsible for full payment of my account.**

**Please review attached Cancellation and Rescheduling Policy.**

|  |                   |  |
|--|-------------------|--|
| 0  |                   |  |
| _____<br>Patient Signature                   | _____<br>Date     | _____<br>Printed Name of Patient   |
| _____<br>Tracy Kane                          | _____<br>01/00/00 |  |
| _____<br>The Aesthetic Center Representative | _____<br>Date     | (808) 432-5777, ext 1217 Direct Line<br>(808) 432-5677 Fax<br><a href="mailto:Tracy.Kane@kp.org">Tracy.Kane@kp.org</a> |
| Authorized to email quotation                |                   |  |



Patient 0  
Surgeon 0

## CANCELLATION POLICY

### 1. From Date of Deposit until three (3) weeks prior to scheduled surgery date:

If you must cancel your surgery from Date of Deposit until three (3) weeks prior to scheduled surgery date,

\$ 280.00

is the 20% NON-REFUNDABLE DEPOSIT that will be retained.

\$ 280.00

covers the cost for your pre-operative visit. If you did NOT have a your pre-operative visit at the time of cancellation, this will be **refunded**.

### 2. Within the three (3) weeks prior to scheduled surgery date:

If you must cancel your surgery within three (3) weeks prior to scheduled surgery date,

\$ -

is the additional 25% cancellation fee that will be retained.

\$ -

is the TOTAL penalty which is 45% of the total surgery.

## RESCHEDULING POLICY

### 1. Your request to reschedule prior to Day 11 of your original surgery date:

Full payment will be reapplied to the new surgery date.

There is a limitation to only one (1) surgery date rescheduling without penalty and based on surgery date availability.

### 2. Your request to reschedule within 10 days of your original surgery date:

\$ -

is an additional 25% rescheduling fee will be assessed with payment collected prior to rescheduling the surgery date.

### 3. Surgeon's request:

Your surgeon reserves the right to cancel or reschedule your surgery for your health or other reasons. Deposits and payments will be reapplied or refunded in the event the doctor cancels or reschedules with **exception** of consultation fees and lab charges, digital images and prescriptions that have been ordered.

## ACKNOWLEDGEMENT

I have read and understand the scheduling deposit policy above.

\$ 280.00

is the scheduling deposit that I understand will be retained if I change or cancel my surgery after scheduling my surgery date unless the surgeon deems change or cancellation **medically necessary**.

0

Patient Signature

Date

Printed Name of Patient

Tracy Kane

01/00/00

The Aesthetic Center Representative

Date

(808) 432-5777, ext 1217 Direct Line

(808) 432-5677 Fax

Authorized to email quotation

[Tracy.Kane@kp.org](mailto:Tracy.Kane@kp.org)