



Earl Stephenson, Jr., M.D., D.D.S., M.B.A.
Certified, American Board of Plastic Surgery

Financial Responsibility Policies

This document contains important information concerning your financial responsibility to ESJ Aesthetics. **Please read it carefully.** Please do not schedule your surgery or your appointment unless you understand it and agree to its terms.

Cosmetic Consultation Appointments

The fee for your comprehensive consultation with Dr. Stephenson is \$225. The consultation fee is applied toward your procedure should you decide to have a procedure performed by Dr. Stephenson. Failure to show for your consultation appointment without rescheduling or cancellation will require pre-payment of \$225 to schedule another consultation.

Transfer of Care Consultation Appointments

Consultation for the acceptance of care after surgery from another surgeon at the request of the patient carries a consultation fee of \$500.00. Consultation for the acceptance of care after surgery from another surgeon outside of the United States at the request of the patient or the surgeon carries a consultation fee of \$2500.00. If only follow appointments are necessary, the fee per appointment is \$225.00. If additional procedures are necessary then a proposal/estimate will be generated and you are responsible for the fees set forth explained in the proposal/estimate.

Skin Care/Injectable Consultation Appointments

Your consultation with Dr. Stephenson is \$75.00. The consultation fee is applied toward your procedure should you decide to have an injectable procedure performed by Dr. Stephenson.

Proposal/Estimation of Aesthetic Surgery Fees

ESJ Aesthetics provides each patient with a written proposal/estimate of fees that the client/patient can expect to pay. The proposal/estimate includes the following: **(1)** fee for Dr. Stephenson's services, **(2)** estimated fee for the operating room facility, **(3)** estimated fee for anesthesia services, **(4)** blood work, **(5)** surgical garments (if needed), **(6)** surgical assistant(s), and **(7)** after surgery appointments for a year after the procedure date. **Estimated fees for the operating room and anesthesia are based on time and are an estimate only. The anesthesia and facility fees will increase if the services rendered require more than the estimated because the procedure(s) were more extensive or different than described in the proposal/estimate or**

The practice of cosmetic plastic surgery is both an art and a science. Dr. Stephenson and his staff strive to provide a surgical experience that meets the highest professional standards. The quote/estimate is prepared using historical data that shows the time typically required to perform surgery of the kind that you have requested. Additionally, the operating room and anesthesia fees are based upon the estimated surgical time. **Dr. Stephenson will make every effort to perform your surgery with the estimated time frame. However, circumstances may arise that require longer periods of time in the operating room. If this occurs, both anesthesia and the operating room may bill for additional time. This additional time is not included in the estimate/quote and you are individually/personally responsible for these additional charges.**

Patient Signature: _____

Date: _____



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Proposal/Estimation of Aesthetic Surgery Fees *(continued)*

The proposal/estimate **does not include** the following: (1) services of other medical professionals, (2) surgical pathology fees, (3) blood work fees if needed during and/or after surgery, (4) unanticipated overnight stays (5) blood if needed, (6) any pre-surgery testing if need by your primary care physician, (7) x-rays, mammograms and tissue analysis. You are individually/separately responsible for these charges.

ESJ Aesthetics Skin Care Products

ESJ Aesthetics skin care line products such as sunscreen, silicone gel or bandages, etc. can be purchased at the initial consultation or at any date after the consultation. Payment in full is due at the time of purchase of any ESJ Aesthetics skin care line products.

Injectable Services & Payment

Injectable services for BOTOX® Cosmetic are performed on the same day as the consultation. Payment is due in full at the time of your BOTOX® Cosmetic treatment.

Injectables such as JUVÉDERM®, Voluma®, Vobella®, Vollure®, Volux®, Ultra XC®, Ultra Plus® XC and facial fat transfer are scheduled at another in-office appointment to best prepare the adequate time and service for the procedure. To reserve that procedure date for your injectable service 1/2 of the balance for the injectable service is due at the time of scheduling the procedure the remaining balance is due the day of the procedure.

Surgical Services & Payment

Scheduling: When you are ready to schedule surgery, you must provide ESJ Aesthetics with a non-refundable deposit of \$1000.00. This deposit will be used to secure your surgery date and place your surgery on Dr. Stephenson's schedule. This deposit will be applied to your surgical fees.

Payment of Balance of Fees: All fees set forth in the quote/estimate (after application of your deposit) must be paid 7 calendar days prior to your scheduled surgery date. Any additional fees, over and above the estimated fees, are due and payable within 30 days after you receive the invoice from the operating room facility and/or the anesthesiologist. The fees of third parties, such as specialist physicians, pathology, etc. are payable to that third party in accordance with the terms established by the third party.

Re-scheduling: We request that if re-scheduling is necessary that you reschedule no later than 14 days prior to your procedure. As a courtesy, we will reschedule your surgery. If you require us to reschedule your surgery more than one time will require an additional non-refundable \$500.00 deposit.

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Surgical Services & Payment*(continued)*

Pre-Operative Appointment: Once your deposit is received, you will have a date scheduled at the office of ESJ Aesthetics and at the chosen facility of your operation. Our office makes every effort to coordinate these two appointments on the same day but at times this may not always be possible. This appointment is important. During your appointment at ESJ Aesthetics your surgical plan is reviewed, before and after surgery instructions are given, consent forms are reviewed and signed, and blood work is obtained. During your appointment at the chosen facility, your registration is completed and your anesthesia consultation is performed. Failure to show for one or both of these appointments, cancellation of either of one or both of these appointments or rescheduling of one or both may occur fees set forth in this document.

Cancellation: We understand that a situation may arise that forces you to postpone your surgery. Please understand that such changes not only affect Dr. Stephenson and other / clients/patients as well. If you cancel your surgery 14 calendar days prior to your surgery date, do not reschedule your surgery, and you have paid in full; you will be refunded your fees minus the non refundable deposit fee and the consultation fee. If you cancel your surgery less than 14 calendar days prior to the scheduled surgery date ESJ Aesthetics shall be entitled to retain one half of the surgeon's fee as set forth in the estimate to cover our lost expenses and the surgeon's loss time (loss ability to provide services to another client/patient during your scheduled time slot) plus retain the non-refundable deposit. Accordingly, you acknowledge that our retention of this sum is a reasonable payment to compensate ESJ Aesthetics for its losses and Dr. Stephenson of his losses. **Failure to pay the entire balance 7 calendar days prior days to your scheduled surgery date will be treated as a cancellation and ESJ Aesthetics will retain your non-refundable deposit.**

Revision Surgery

The practice of plastic surgery is an art and a science and at times a revision of your surgery could be warranted. When warranted, most revision surgery is not performed sooner than six months after the prior surgery. This allows time for healing to be completed. Dr. Stephenson's fee for revision surgery will be evaluated on a case-by-case basis and be determined solely by Dr. Stephenson. **However, you will be responsible for the fees for the operating room facility, anesthesia services, blood work, garments, implants(if applicable),any additional fees due to the operating room facility and/or the anesthesiologist because of overages of estimated surgical time. Additionally, you will be responsible for the following if applicable: (1) services of other medical professionals, (2) surgical pathology fees, (3) blood work fees if needed during and/or after surgery, (4) unanticipated overnight stays (5) blood if needed, (6) any before surgery testing if need by your primary care**

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Breast Implant Warranties

Breast implant manufactures offer warranty insurance on implants. You are automatically provided with a basic level of coverage with your breast augmentation procedure. You may elect to purchase additional insurance. Our team at ESJ Aesthetics can provide you with information on additional insurance that you may purchase directly within 45 days of your procedure. Please inquire as to your current options because plans periodically change. The office will provide you with the most current information.

Payment Options

We provide a number of payment options which may be used individually or combined to meet your needs.

Cash or Check

Certified Check or Cash is accepted

Debit/Credit Cards/HSA Cards

We accept Most major debit and credit cards as HSA (Health Savings Account) cards

Financing Companies

We have partnered with a couple of financing companies to increase the options for our clients/patients.

(1) CARE CREDIT: can apply directly from our website. Dr. Stephenson and ESJ Aesthetics do not participate in all Care Credit plans. Please consult the team at ESJ Aesthetics and inquire about which plans are offered before applying.

(2) PatientFi: can apply directly from our website. Dr. Stephenson and ESJ Aesthetics do not participate in all PatientFi plans. Please consult the team at ESJ Aesthetics and inquire about which plans are offered before applying.

I acknowledge that I have read this entire document and discussed its provisions with ESJ Aesthetics and/or its representatives. I acknowledge that I read, speak and understand English and I agree to my obligations set forth in all four pages of this document.

Patient Signature: _____

Date: _____