

**ROBINSON FACIAL PLASTIC SURGERY**

*Ernest B. Robinson, M.D.*

*24541 Pacific Park Drive, Suite 103*

*Aliso Viejo, California 92656*

*(949) 831-5900 Fax (949) 831-1782*

**CONTRACT FOR OUTPATIENT SURGERY AND  
CONFIRMATION OF SURGICAL ARRANGEMENTS**

Patient: \_\_\_\_\_

Proposed surgical procedure(s): \_\_\_\_\_  
\_\_\_\_\_

You are to arrive at: \_\_\_\_\_ on \_\_\_\_\_

for a surgery time of: \_\_\_\_\_

Please **do not** have anything to **eat or drink after midnight** the night before your scheduled surgery.

Please have your blood work, EKGs, or any x-rays performed one (1) week or two (2) weeks before your scheduled surgery.

Your deposit in the amount of \$ \_\_\_\_\_ is due to Robinson Facial Plastic (RFPS) Surgery at the time of your scheduling. If you do cancel your surgery, let it be known that your deposits are nonrefundable, with the only exceptions given at Dr. Robinson's discretion. The fees for which you are personally responsible are the minimum fees quoted and required by RFPS, regardless of the amount insurance or a third party pays. Any payment in excess of this figure by any persons or companies for the procedures will be kept by RFPS, despite the minimum fee quotations required. The balance remaining after payment of your deposit is the minimum fee quotation required. The balance remaining after payment of your deposit is the minimum fee in advance of the amount of \$ \_\_\_\_\_ to Robinson Facial Surgery, as well as \$ \_\_\_\_\_ for anesthesia account and \$ \_\_\_\_\_ for surgery facility fees.

These fees must be paid before your surgery date and must be written out in three (3) separate payments unless otherwise specified by the scheduler. These fees do not include pathology, lab, x-ray, EKG, or prescription medications. When insurance is involved, we will submit your claim to your insurance company, however, you remain responsible for the fees whether or not they are covered by insurance. Failure to pay the fees as set forth herein will place you in default of this contract. In the event Robinson Facial Plastic Surgery is required to collect your account after default, you will be responsible for all attorney fees and costs of collection.

I understand and agree to the terms set forth above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EBR:jrk