

Surgical Booking Policy

The undersigned acknowledges and agrees to the following:

Deposit & Fee Quote

Within ten (10) business days of booking your surgery, a deposit of one thousand (\$1,000) dollars is required to secure your surgical date. The surgeon and their office, at their sole discretion, reserve the right to request a larger deposit depending on the undersigned's surgical needs.

If the deposit is not received within ten (10) business days, your surgery date may no longer be available.

The surgical fee that is quoted is valid for a period of six (6) months from the consultation date. The surgeon and their office, at their sole discretion, reserve the right to revise the surgical fee.

Balance of Fee:

The balance of your surgical fee is due fifteen (15) business days prior to your surgery date (the "Balance Due Date"). In the event the balance of the surgical fee is not received fifteen (15) business days prior to your surgery date, the surgeon and their office may cancel your appointment and the cancellation terms, as outlined below, will apply.

Cancellation Terms:

In the event, you cancel your surgery at any time prior to the Balance Due Date or between 11-15 business dates prior to your surgery date, you will be refunded 50% of your deposit.

In the event you cancel your surgery within 0-10 business days prior to your surgery date or you do not pay the balance of your surgical fee, you will not be refunded any of your deposit or other payment amounts.

Accepted methods of payment:

Any of the following are accepted methods of payment:

- Credit card (Visa, Mastercard)
- Interac e-Transfer
- Money order or Bank Draft – payable to Kate Elzinga Professional Corporation
- Certified cheque – payable to Kate Elzinga Professional Corporation. Personal cheques will not be accepted.
- Cash

Financing can also be pursued if desired through iFinance Canada. Please visit <http://www.ifinancecanada.com/index.php> for more information.

Governing Law & Jurisdiction:

The treatment will be performed in the Province of Alberta and that the courts of the Province of Alberta shall have exclusive and preferential jurisdiction to entertain any complaint, dispute, demand, claim, proceeding or cause of action, whatsoever arising out of the treatment. I hereby agree that if I commence any such legal proceedings, I will do so only in the Province of Alberta, and hereby irrevocably submit to the exclusive and preferential jurisdiction of the Courts of the Province of Alberta.

By signing below, I acknowledge that I have read, understand, and hereby agree to the policies and procedures contained in this Surgical Booking Policy.

Patient's signature: _____

Witness's signature: _____

Patient's name: _____

Witness's name: _____

Date: _____

Date: _____

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