



HAIR DOCTOR

NASHVILLE · MEMPHIS · LOUISVILLE

Name *

DOB *

Please input Date of Birth

Patient Responsibilities - Hair Restoration

FINANCIAL RESPONSIBILITIES

The all-inclusive cost of surgery for services provided by NuBody Physicians, PLLC d/b/a Nashville Hair Doctor ("the practice") covers all charges for the physician, staff, surgical supplies, anesthesia, facility, and other related cost. To ensure a safe surgery, additional tests may be ordered (blood work, EKG etc). If this is the case, they will be your responsibility, as well as any prescription medicines that are individualized to your needs. The fees charged for this procedure do not include any potential future costs for additional procedures you elect to have, or require to revise, optimize or complete your outcome. Additional costs may occur should complications develop from the surgery.

In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

3rd Party Financing Payments: If 3rd party medical financing is used, the full amount of the procedure cost minus a \$500 non-refundable deposit will be processed onto that account at time of scheduling. The \$500 deposit is to be paid separately by credit/debit card to the practice and will not be refunded if your surgery is cancelled, or in case of no show the day of surgery.

Self-Payments: If the procedure is not paid in full at time of scheduling, a minimum of 50% of the total procedure cost is due at time of scheduling, with the 50% balance due in full two weeks prior to the date of procedure.

Rescheduling/Late policy: If you are 15 minutes or more late for a scheduled procedure, NuBody Concepts reserves the right to reschedule your procedure to the next available procedure date. If you reschedule your procedure within 3 business days or less of procedure date, a \$500 cost recovery charge will be applied.

Caregiver policy: For those procedures necessitating a caregiver, if on the day of your procedure the caregiver is deemed unsuitable to care for the patient due to physical conditions or characteristics (as deemed by the practice and designated staff) and the procedure must be rescheduled, the above rescheduling terms apply.

Cancellations: In case of cancellation on your part, a cost recovery charge will be applied according to the following schedule:

- 15% of total procedure from date of deposit until two weeks of procedure date (you will be able to apply this charge to any future procedure booked within 6 months)
- 25% of total procedure cost from two weeks of procedure date until three days of procedure date (charge cannot be applied to future procedure)
- 50% from three business days of procedure date until procedure date (charge cannot be applied to future procedure)

While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time of the technicians, operating suite capacity, travel, and to procure medical supplies.

Graft Increment Change: Graft pricing is determined by graft increment. The price per graft decreases as the graft count increases. The cost of your procedure is based on the graft count estimate agreed upon but is subject to change. If we are unable to harvest the originally estimated graft count, you will be refunded based on the new graft increment, which may be at a higher cost per graft. The price per graft will be determined by our current pricing published on our website.

Medical Necessity Cancellation: All medical decisions are made with patient safety and health as our highest priority. If a procedure must be rescheduled due to a medical condition that is discovered on the day of the procedure and deemed to be unsafe, a minimum cost recovery fee of \$500 will be applied, plus any additional expenses incurred after the procedure has already begun, such as anesthesia cost. The decision to reschedule the procedure for medical reasons will be made solely by the physician after consultation and communication with other physicians and staff. The remaining balance after deduction of the cost recovery fee may be used to reschedule for a future date once the medical condition has been corrected. If the patient decides to forgo rescheduling or is ineligible for future surgery due to the medical condition, the total cost of the procedure minus a cost recovery charge of 50% will be refunded to the patient.

I have disclosed any medical conditions I currently have, or previously have had, to the staff of the practice to the best of my knowledge. *

High Blood Pressure / Hypertension: It is normal for many people to experience “white coat hypertension” from being nervous pre-procedure. However, if you have significantly high blood pressure on the day of your procedure, we will not proceed. If your blood pressure is too elevated when we take it before your procedure, your procedure will be rescheduled to a date after you’ve seen your primary care physician. This can result in fees associated with rescheduling outlined above. If you are currently being treated for hypertension / high blood pressure, take your prescribed medicine according to the directions of your primary care doctor to avoid such issues.

I acknowledge that if I have a high blood pressure reading on the day of my procedure, I will need to obtain a note from my physician and reschedule my procedure once my blood pressure is controlled. *

Health Insurance: Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complication. Please carefully review your health insurance subscriber pamphlet. Please understand this is a cosmetic, self-pay treatment and is not submitted to any insurance company nor will insurance agreements be honored.

I understand that the practice will not bill any insurance or third-party payer, nor will the practice submit/fill out insurance forms or provide diagnostic codes. *

I understand the fees associated with this procedure, and all fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required. *

PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING - DISCLOSURE OF PROTECTED HEALTH INFORMATION

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed and are paid with a credit card, debit card, or third-party financing are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow the practice to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment.

I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy. *

I agree that this credit card non-challenge agreement is irrevocable. *

WARRANTY/NON-DISPARAGEMENT

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed, or implied, on the results that may be obtained. The practice does not offer warranties as these would not be reasonable, and some patients are never completely satisfied and request a revision when their results are within the normal range of results. It is for those reasons as well as different healing ability of individuals that a full guarantee cannot be offered.

I agree that I shall not make any untruthful comments, orally or in writing, about the practice or any of its medical professionals. I also agree to first inform the practice of any complaints and give the practice a reasonable period of time and an opportunity to respond to the complaint before making disparaging comments, such as in an online review. *

Patient Signature - Date:01/09/2026 *

Tap here to sign