## Urology Surgical Consulting / Advanced Laser Institute of America

## Payment Information for Penuma Male Enhancement (Washington DC/Virginia): phone: 7036873601

- Total Surgical Cost: **\$16000** (Hospital, Anesthesia, Implant, Surgeon, Assistant fees)
- Travel and Hotel is not included.
- Deposit: \$8000 due within 24 hours after your interview if you wish to have date set up for your surgery. <u>We must receive</u> the registration forms, signed consent forms and deposit payment to set up a surgical date.
- We are unable to reserve a date without deposit payment.
- The remaining \$8000 is due 3 weeks before your surgery.
- If you plan to finance the procedure, you must pay \$3000 deposit (ACH or CC) and finance the balance of \$13000.
- If you will be traveling alone, Virginia law requires that you arrange a family member or friend to take you from hospital to home or hotel. Otherwise, we must arrange a certified nurse to take you to your hotel and be available to care for you for the first 16 hours after surgery. **Cost: \$450**

Payment Options: Direct ACH Transfer (Preferred), Credit Card (AMEX, Visa, MC) (add 2.5%), United Medical Financing

## **ACH Transfer Information:**

BANK: BB&T

ACCOUNT NAME: ADVANCED LASER INSTITUTE OF AMERICA	
ACCOUNT NUMBER: 257288250	
ROUTING NUMBER: 051404260	
Credit Card Processing Form: (add 2.5%)	
Please complete all fields.   MasterCard  VISA  Discover  AMEX  Other Cardhold (as shown on card):	ler Name
Card Number:	
Expiration Date (mm/yy): Cardholder ZIP Code:	
I,, authorize Advanced Laser Institute of America to charge my	y credit
card above for agreed upon purchases.	
AMOUNT: check one: DEPOSIT: \$8200 (\$8000 and 2.5% fee)	
Full Payment: \$16400 (\$16000 and 2.5% fee)	
Deposit if you are financing through United Medical: \$3150	
Signature:	
Long Term Financing:	
United Medical Financing: (maximum \$13000) \$3000 cash or CC deposit required	
Click on link below or copy and paste:	
https://www.unitedmedicalcredit.com/start-an-application/?pid=0010y00001ngwGD	
Email this form in picture or pdf format to info@novaurology.com or fax to 7036873602	