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. **We must receive 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 _____ Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Cardholder ZIP Code:_____

I, _____, authorize Advanced Laser Institute of America to charge my 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