

FEES AND FINANCIAL POLICY DISCLOSURE

ACCEPTABLE FORMS OF PAYMENT

We accept cash, check, Master Card, Visa, American Express and Discover for all services.

We do not bill any insurance carrier for any service. The patient is responsible for full payment of all services.

We are not responsible for insurance documentation, reimbursement, denials, appeals, etc.

A \$25 service fee is assessed on all returned checks. Payment of this fee and all past due amounts must be received prior to receiving any additional services from our office.

INITIAL CONSULTATION FEES

We ask that you provide a valid credit card at the time you call to schedule your initial appointment. If you do not have a credit card, you may send a check as prepayment of your consultation fees to secure your appointment. If you fail to show for your appointment or give less than twenty four (24) hours notice prior to your appointment time you will be charged \$100.

CANCELLATION FEES

CONSULTATION: If you fail to show for your appointment or give less than twenty four (24) business hours notice prior to your appointment time you will be charged \$100.

BOTOX and FILLERS: Fees for Botox and injections are based upon the number of areas treated. Your physician will determine how many areas and how much is needed to achieve your desired outcome. Injectables used as fillers come in pre-filled syringes for individual patient use. If you fail to show for your appointment or give less than twenty four (24) business hours notice prior to your appointment time you will be charged \$150.

SKIN CARE AND IPL: If you fail to show for your appointment or give less than forty-eight (48) business hours notice prior to your appointment time you will be charged \$150.

FEES FOR SURGERY

Your initial consultation fee will be applied to the cost of your surgeon's fees if you schedule your surgery within six (6) months of the date of your initial consultation.

A DEPOSIT is paid at the time you schedule your surgery. The total balance of the surgery fees are due two (2) weeks prior to the date of your surgery.

You may elect to add additional service to your surgery package up to seven (5) days prior to the date of your surgery; however, payment will be collected immediately.

Patients who cancel their surgery will be responsible for a non-refundable processing fee of \$250.

Patients who cancel their surgery with less than twenty-one (21) calendar days notice prior to the date of their procedure will forfeit their entire deposit amount.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have read this document in its entirety. I further agree to the terms of this agreement. I understand that I may request and receive a copy of this document.

Patient Signature

Date

Please print your last name, first name

