

## **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) hours notice prior to your appointment time you will be charged \$100.

**BOTOX:** Fees for Botox 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. 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 \$150.

**FILLERS:** Injectables used as fillers come in pre-filled syringes for individual patient use. You will be charged for the entire syringe(s). 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 \$150.

**IPL:** 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.

### **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 of \$1,000 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 with less than seven (7) calendar days notice prior to the date of their procedure will forfeit their entire deposit amount of \$1,000.

### **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*