



PATIENTS RESPONSIBILITIES & FINANCIAL RESPONSIBILITIES:

The care a patient receives also depends on the patient; therefore, in addition to the above rights, each patient has certain responsibilities. These responsibilities are outlined below in the spirit of mutual trust and respect:

1. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past medical history and other matters relating to his/her health.
2. The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her post care.
3. The patient is responsible for the full financial payment due after treatment. We accept, mastercard, visa, amex, GF giftcards, care credit for purchases over \$1,000 and cash.
4. The patient understands and accepts that all locations of Goldfingers Aesthetics & Plastic Surgery has a **zero refund policy** due, to the fact product used during treatment (ie. injectables/dermal fillers/ plastic surgery) cannot be refunded after treatment.
5. In the event, you need to cancel or reschedule your appointment, we are requesting a 24 hour notice to avoid cancellation or no show fee of \$50.00.

Patient signature: _____ Date: _____