

## FINANCIAL POLICY DISCLOSURE

### **ACCEPTABLE FORMS OF PAYMENT**

- We accept cash, check, Master Card, Visa, American Express and Discover for all services. We do not offer financing, please ask our staff about third-party financing options.
- We do not bill any insurance carrier for any cosmetic service. The patient is responsible for full payment of all services.
- We are not responsible for insurance documentation, reimbursement, denials, appeals, etc.
- Under certain cases we will submit prior-authorizations to insurance companies. Please ask our patient coordinator for information about medically necessary insurance procedures and policies.
- 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. Our standard consultation fee is \$150.00 which can be applied to the cost of surgery. If you do not have a credit card, you may send a check as prepayment of your consultation fees to secure your appointment.
- **Consultation Fee may, under certain circumstances, be waived.**

### **LATE CANCELLATION & No-Show FEE: \$150**

- **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.
- **AESTHETICIAN SERVICES, NEURORELAXERS and DERMAL FILLERS:** Fees for neurorelaxer injections are based upon the number of areas treated. Your practitioner will determine how many areas and how much is needed to achieve your desired outcome. Dermal 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.

### **FEES FOR SURGERY**

- A DEPOSIT is paid at the time you schedule your surgery. The total balance of the surgery fees are due three (3) weeks prior to the date of your surgery.
- You may elect to add additional service to your surgery package up to seven (7) 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 \$500.
- 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.
- Rescheduling or Rebooking surgery within three (3) weeks of surgery may incur a non-refundable administrative fee.

### **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. I understand that office visit charges are payable on the day service is rendered.

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*Please print your last name, first name*

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*Patient Signature*

\_\_\_\_\_

*Date*