

CANCELLATION POLICY

In an effort to provide our patients with the best possible care, we require advanced notice of 24 business hours to cancel or reschedule an appointment.

A fee of \$70 will be charged to patients who cancel/reschedule less than 24 business hours before the scheduled time or fail to show up for an appointment.

As a courtesy to other patients, we reserve the right to reschedule your appointment if you are more than 15 minutes late. This will result in a \$70 missed appointment fee.

A valid credit card is required at time of scheduling to hold your appointment.

CREDIT CARD INFORMATION

Card Type AMEX Discover Mastercard Visa Other _____

Cardholder Name (as shown on card) _____

Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

I, _____, authorize Advanced Plastic Surgery Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I have read and agreed to the above statements.

Signature _____

Date _____