

TODAY'S COSMETIC SURGERY & LASER CENTER, P.C.
ROBERT J. CHIU, M.D.

Policy for Payment and Cancellation of Appointments

I understand that I am financially responsible to Today's Cosmetic Surgery & Laser Center, P.C. for the cost of services provided to me. I understand that there is a **\$25.00 charge for bounced or returned checks**. In addition, I will give Today's Cosmetic Surgery & Laser Center, P.C. **at least 72 hours notice for any cancellation of appointments**. Today's Cosmetic Surgery & Laser Center, P.C. reserves the right to charge a \$50.00 fee for cancellation of appointments within 72 hours.

I also authorize, in cases deemed medically necessary, submission of claims for my treatment to my insurance company and payment of authorized insurance benefits to Today's Cosmetic Surgery & Laser Center, P.C. for services rendered, and I further authorize the release of medical information (including but not limited to photographs) needed to determine benefits payable to my insurance company and its agents. I understand that there is no guarantee of payment by my insurance company, and that I am responsible for any charges that are not paid by my insurance company. All co-pays and deductibles are my responsibility and payment is due prior to my visit/treatment. I understand that any outstanding balance due is payable within 90 days, after which a \$50 late fee/charge will be assessed on the 91st day, and on every subsequent month afterwards.

PATIENT'S NAME (typed or printed)

DATE

PATIENT'S SIGNATURE

WITNESS SIGNATURE