

FINANCIAL AGREEMENT

Consultations

A consultation fee of **\$100.00** will be charged when a consultation appointment is scheduled. If you need to cancel or reschedule your appointment, we require two (2) business days' notice to receive a refund.

Payment Options

We accept: Cash / Check / Visa / MasterCard / Discover / American Express / Care Credit

We gladly accept personal checks; however we will only accept personal check payments 14 days or more before your surgery date. ***We are unable to accept a check payment for same day services, i.e. Botox, Fillers, minor procedures performed in the office or skin care products.*** A \$25.00 return check fee will apply to all returned checks. We do not accept postdated checks and will not hold checks.

When a cosmetic procedure is scheduled a \$500.00 deposit is required. The deposit is non-refundable unless you are not medically cleared for surgery. Full payment is required at the time of the pre-op appointment or 14 days prior to surgery..

Cosmetic Surgery Revisions

All revisions and/or "touch up" surgeries are subject to hospital, anesthesia and surgeon's fees.

Insurance Surgery

Deductible, co-insurance and co-payments are due prior to surgery date, unless other arrangements have been made.

Regarding Insurance:

We may accept assignment of insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. ***Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to you as the guarantor.*** Please be aware that some, and perhaps all of the services provided may be non-covered services and not be considered reasonable and necessary under the Medicare Program and/or other medical insurance. All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph.

Other Fees (request for medical records)

Medical Leave Forms \$25

Patient Signature

Date