



ATTENTION AESTHETIC REVOLUTION LAS VEGAS PATIENTS:

We have made changes to our office policy and regulations to better serve our most valued patients. Effective June 17, 2019. Please read our updated policies and regulations carefully.

Appointments with Dr. Zimmerman and Dr. Lee continue to require a \$100.00 deposit. The \$100.00 deposit is applied towards any treatment or product sold in the office, or your next appointment deposit. In the case of a no show, reschedule with less than a 48 hour notice, late cancellation, or late arrival, the \$100.00 deposit will not be applied/refunded.

Appointments with practitioners other than Dr. Zimmerman and Dr. Lee are scheduled with a \$50.00 deposit. In the case of a no show, reschedule with less than a 24 hour notice, late cancellation, or late arrival, a \$50.00 fee will be charged and collected prior to future appointments being scheduled.

A non-refundable 20% deposit is due at the time of booking a surgery date. Surgery must be paid in full two (2) weeks prior to the surgery date. A portion of monies collected may be refunded if surgery is cancelled one (1) week prior and we are able to fill the allowed time slot; otherwise, no refund will be issued.

Medical Records: Records released to the patient will be charged \$0.60 per page copied. Payment in full must be received before your records will be released. Please allow ten (10) working days for your records to be copied.

Lab Charges: Lab charges are NOT included in your office visit. Charges for any lab work done in the office will be billed separately by a local lab. You will be getting a bill in the mail from the lab. We forward all billing information to the lab for insurance processing or private billing. If you have any questions, please contact the lab that sent you the bill.

Radiology: Radiology charges are NOT included in your office visit. The office will obtain authorization for any radiology procedures that Dr. Zimmerman or Dr. Lee fees are necessary to your health care. It is ultimately your responsibility to confirm if the facility and procedure is covered by your insurance.

By signing below, you agree to the current office policies and regulations of Aesthetic Revolution Las Vegas.

Patient Signature

Date

Staff Signature

Date