



FINANCIAL POLICY

PAYMENT OPTIONS

Payment is due at the time service is rendered. If you are covered by an insurance that we participate with, we will collect your office visit co-payment. We will file your claim with your insurance company after you provide us with complete insurance information. Insurance should not be considered a substitute for total payment. It is ultimately your responsibility to pay any deductible, co-insurance, or any balance not paid by your insurance company due to non-covered benefits. We accept Cash, Check, Money Order, Care Credit, MasterCard, Visa or Discover.

REFERRALS

If your insurance company requires a referral from your primary care physician in order to authorize payment for the services of a specialist, you must obtain it prior to each visit. If this is not obtained, you will be responsible for payment of the medical bill.

RETURNED CHECKS and RETURN POLICY

- We will charge a \$30.00 fee for all returned checks.
- On Aesthetic services you have 1 year to use your package and 30 days to cancel package completely. There will also be a 15% cancellation fee withheld from your refund.

COLLECTIONS

- If your account must be turned over to collections, a \$30.00 collection fee will be added to your account.

NO SHOW/RESCHEDULE POLICY

We understand that circumstances beyond your control may arise, causing you to miss or reschedule your appointment. You will be responsible for the following charges:

- We will charge a \$25.00 no show fee for all regular doctor appointments not cancelled or rescheduled within 24 hours of the appointment time.
- We will charge a \$50.00 no show fee for surgical and cosmetic procedures not cancelled or rescheduled within 24 hours of the appointment time.

If you are aware of a financial situation that will delay full payment of your account balance, please contact our Billing Department as soon as possible.

Your signature below signifies understanding and willingness to comply with this policy.

Patient Signature _____ Date _____

Print Name _____