



Financial Policy Effective January 8, 2018

Our financial policy is as follows:

Please have your insurance card available at each visit.

If your insurance company requires a **referral**, it is *your* responsibility to obtain your referral from your Primary Care Physician.

We are happy to see patients who are out of network. However, any portion of the balance which is not covered by insurance will be the patient's responsibility.

Any portion of services not covered by insurance for any other reason, including co-pays, deductibles, co-insurance, and procedures considered not to be a covered benefit are the patient's responsibility.

Payment for cosmetic services is due at or before the time of service and cannot be billed to your insurance.

Patients who prepay for cosmetic services but fail to initiate treatment within 60 days are not eligible for a refund.

Patients who no show or cancel with less than 24 hours notice will be charged \$50.

A \$100 fee may be charged for patients who cancel any surgery appointment with less than 24 hours notice.

A \$35 fee will be assessed for any returned checks.

Balances past due greater than 90 days may be submitted to a collection agency.

I have read and understand the Financial Policy:

Signed: _____ **Date:** _____