

NEW PATIENT FINANCIAL POLICY DISCLOSURE

INITIAL CONSULTATION

- A valid credit card is required at the time you call to schedule your consultation.
- Consultation fee is based on the procedure type. You will be notified of the cost upon scheduling your consultation.
- You must present government issued identification at the time of your consultation. Please understand that this is a medical office, and we will need this information as part of your patient chart. In the event you do not present valid identification, your appointment will be rescheduled.

CANCELLATION, RESCHEDULE & NO-SHOW FEES

For the following appointments, failure to cancel or reschedule your appointment at least one full business day before your scheduled appointment time will result in a fee of \$150. Business days include Mondays through Fridays. Monday appointments must be cancelled by Friday prior.

-ALL NEW PATIENT CONSULTATIONS

-BOTOX and FILLERS

-ALL MEDSPA SERVICES

A valid credit card is required at the time you call to schedule your appointment. Your card will be charged the fee of \$150 in the event you fail to cancel/reschedule your appointment in the prescribed period.

LATE ARRIVALS

- If you are 15 or more minutes late to your appointment, it will be rescheduled because such a delay pushes back the entire schedule, and it is unfair for the patients who are scheduled after you.
- For all MedSpa and Injectable appointments, we reserve the right to charge \$150 Reschedule Fee to compensate our providers for lost time on their schedules.

SURGERY FEES

- A 50% deposit is required at the time your surgery is scheduled.
- You may elect to add additional service to your surgery package up to seven (7) days prior to the date of your surgery; however, payment will be collected immediately.
- Once your surgery date is secured, a \$500 processing charge will apply if you cancel or reschedule your surgery.
- Patients who cancel their surgery with less than twenty-one (21) calendar-day notice (prior to the date of their procedure) will forfeit their entire deposit amount.
- The remaining balance of the surgery fee is due twenty-one (21) calendar days prior to the date of your surgery. If fees remain unpaid past this date, you will forfeit your surgery date and the entire deposit amount.
- There will be a \$50 fee to have our staff complete any Medical Leave paperwork on your behalf.

ACCEPTED FORMS OF PAYMENT

- We accept cash, Master Card, Visa, American Express, Discover and CareCredit financing for all services.
- When paying by credit card or CareCredit, you must have matching valid photo identification. Under no circumstances will we accept a credit card without matching identification. This includes CareCredit.
- The financing minimums for Care Credit are \$250 for 6 months and \$1,000 for one year no interest plans.

INSURANCE

- There is a \$100 insurance verification fee for our staff to assist with billing for Out of Network benefits for certain procedures.
- We are not responsible for insurance documentation, reimbursement, denials, appeals, etc.
- Each patient is responsible for full payment of all services including deductibles prior to booking surgery.

I hereby acknowledge that I have read this document in its entirety and agree to its terms. I understand that I may request and receive a paper copy of this document.

Patient Signature _____ Date: _____

BAS Staff

Reviewer Signature _____ Date: _____