

## **Cosmetic Financial Agreement & Policies**

Cosmetic services are elective and are not covered by and are not able to be submitted to your health insurance company (this also includes HSA and FSA plans), thus you're considered a "self-pay" patient. Self-pay patients will be responsible for necessary charges associated with their service(s) rendered. The fees charged for this service(s) do not include any potential future cost for additional service(s) that is elected to have performed in order to optimize or complete the patient's desired outcome. During a cosmetic consultation, medical concerns discussed and treated during the visit may be billed to your insurance company.

All cosmetic service fees (i.e. laser, injectables, skincare retail products, and medspa services) are due upon the time of treatment. A deposit of \$150 will be requested prior to scheduling treatments, and the remaining balance of that treatment is due prior to services being rendered.

All cosmetic self-pay patients may receive a cosmetic consultation at no charge prior to their cosmetic services being rendered. At that time fees, contraindications, pre and post care, side effects, and potential benefits will be reviewed.

The provider reserves the right to refuse to perform procedures or treatments which are not appropriate for the patient in his/her professional judgement.

### **PAYMENT POLICY**

Puyallup Dermatology cosmetic treatments are elective aesthetic procedures, these treatments and procedures cannot be billed to insurance.

Payment for all treatments are due at the time of the treatment, and all packages must be paid in full prior to the first treatment being rendered. We DO NOT offer financing or payment plans on elective procedures.

### **CANCELLATION AND NO-SHOW POLICY**

As a courtesy to other patients, we request you arrive on time. If you arrive more than 10 minutes late for your scheduled appointment, you may be asked to reschedule.

Puyallup Dermatology requires 3 business days' notice for appointment cancellation/reschedule. If you fail to adhere to this policy, will not be refunded the \$150 deposit required for scheduling. Appointments canceled on the date of a scheduled visit represent a cost of the practice and a missed opportunity to see other patients who are waiting for a visit date.

Reminders will be provided but are not guaranteed. If you're a new patient, we ask you to arrive 10 minutes early for registration completion, so we can see you at your scheduled appointment time

### **PRE-PAID TREATMENT, TREATMENT PACKAGES/SERIES POLICY; REFUND POLICY & TREATMENT OUTCOMES POLICY**

To deliver the best level of patient care and efficiency regarding packages and series offerings we strive for transparency and for clear expectations to be set with the policies below:

- All service packages and prepaid treatments must be used within one year from the date of purchase or they will expire.
- In the event that a package or series of treatments has begun, the services will be considered to have been rendered even though the full series may not have been completed.
- We do not offer refunds on services rendered.

- Puyallup Dermatology offers treatments and products that are irrevocable. Therefore, we do not issue refunds or credits for any products or services that have been injected or used in your treatment including but not limited to (Botox®, Juvéderm®, Dysport®, Restylane®). Again, all sales are final. In consenting to being treated, it is important that our patients understand and except this condition.
- Should you wish to discontinue your treatment in the midst of a series, credit for the prorated share of unused treatments at the discounted package may be extended, and this may be used to purchase other treatments or products offered at Puyallup Dermatology

## **TREATMENT OUTCOMES**

Puyallup Dermatology we take great efforts to be honest in all of the interactions with you as our valued patient. Aesthetics is not an exact science, and patient outcomes vary from patient to patient, and results are based solely on your individual response to the treatment(s). As it is not possible to predict or guarantee results, any payments made are for treatment performed not for specific results desired.

**Consent:** My consent for the procedure(s) is strictly voluntary.

My signature on this form authorizes Puyallup Dermatology to perform the procedure(s).

I have read this information consent form and certify that I understand the content in full. My signature indicates that I am consenting to receive treatment and had the opportunity to ask questions about the procedure(s) and associated risk(s). I have been advised of the risks involved in such treatment(s) and alternative treatment(s), including no treatment at all. I recognize that the practice of medicine is not an exact science and acknowledge that no guarantees or assurance have been made to me concerning the results of such procedure(s). I certify that I am a competent adult of at least 18 years of age and I'm not under the influence of alcohol or drugs. I understand the financial policy outlined in this form associated with elected cosmetic treatments and I agree to abide by the policy outlined and explained in detail above.

Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_