

Radiant Dermatology Cosmetic Financial Policy

Effective January 1st 2019

Patient Name: _____ Patient's Date of Birth: _____

Radiant Dermatology believes that part of a good health care practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy. If you require further explanation of any of the following policies, please feel free to ask the staff for clarification.

Please review and *initial* each policy listed below.

_____ **Payment:** Payment for some cosmetic procedures may require payment at the time of scheduling your appointment. We do accept payment in the form of cash, check, all major credit cards, and CareCredit.

_____ **Returned Checks:** Returned checks will incur a \$30.00 service charge, and forfeit of your appointment. In the event of a returned check, you will be required to pay with cash or a money order for any future services.

_____ **Refunds:** In the event you purchase a treatment or series of treatments and change your mind within 72 hours, a refund is possible. In order to cover administration costs and merchant fees for credit card purchases, a refund fee of 5% of the purchase will be forfeited.

In the event that a medical problem or prolonged circumstance prevents completion of pre-paid treatments according to plan the patient may take an extended period of time (not to exceed two years) to complete said treatments. Alternatively, a different treatment of comparable dollar value (less a \$25 administration fee) may be substituted. As policy, treatment purchases are non-refundable after 72 hours. However, at the discretion of the clinic, treatments may be transferrable.

_____ **Cancellations:** Any treatment may be cancelled and rescheduled without penalty with a minimum of 24 hours of advanced notice. We regret to advise that with less than 24 hours' notice, a fee of \$100 per hour of treatment time that your procedure was scheduled for will be charged.

Failure to show up for an appointment without notice will result in 50% of the cost of your treatment being charged. Cancellations must be done by telephone and will not be acknowledged by email or text.

_____ **Tardiness:** Adequate time is scheduled in order to preform your treatments safely and effectively. We strongly encourage you to give our office an advanced notice that you are running late and we will do our best to accommodate. In the event of an extremely tardy arrival, our staff may need to reschedule your appointment to allow enough time for your treatment, in which case a late fee will be applied.

I have received a copy of, read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time and will be available to all patients upon verbal request.

Signature of Patient or Responsible Party

Date

(SIGNATURE REQUIRED TO OBTAIN SERVICES)

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