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M Aesthetics  
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## FINANCIAL POLICY

Due to the time involved with each appointment, we try to insure all appointments will be kept. However, we do realize that things come up and appointments may need to be rescheduled or canceled. Because of the popularity of certain appointment times, and the inability to fill those lengthy times on short notice, we ask that you understand and accept your financial responsibility when you need to reschedule or cancel a given appointment time, so that time may be used for another.

**PAYMENT** for services rendered is due at the time of your visit, and is your responsibility. We accept Mastercard, Visa, American Express, and cash. There is an ATM located in the parking garage for your convenience. We do not accept personal checks.

**COSMETIC procedures** are not billed or benefits of medical insurance plans.

**MEDICAL INSURANCE** – Although we are not providers for any given medical insurance groups, We are happy to supply you with a receipt for which you may submit to your insurance company directly. Most of the time, services are not covered by any insurance groups, and it is your responsibility to know what is and is not covered. You may be reimbursed a percentage by your insurance company, but this is only true for medically necessary procedures.

**NO SHOW / LATE CANCELTION POLICY** - Due to the high demand for appointment times, as well as the length of appointment times, we require a **48 HOUR CANCELTION** notice in order to avoid a **NO SHOW FEE / LATE CANCELTION FEE** of \$100.00.

Patients who no show or cancel appointments on a regular basis (two or more) will be asked for a credit card deposit of \$150.00 to schedule their appointment. If the appointment is not kept according to our financial policy, the \$150.00 is charged to their credit card for an appointment visit.

I have read and understand the financial and NO SHOW – LATE cancellation policy as stated above. I agree to the policy and understand that it is my responsibility to abide.

NAME \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_