

APPOINTMENT NO SHOW AND CANCELLATION POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide at least 24-hours' notice.

Office appointments which are cancelled in less than 24-hours notification are subject to a \$75.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as a NO SHOW. These patients are subject to a \$75.00 fee as well.

The Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. _____ patient initials

NO REFUND POLICY

Please note that our office has a strict NO REFUND policy. Procedures, products, treatments and other appointments cannot be refunded. _____ patient initials

REVISION POLICY

Healing from a procedure varies from patient to patient. Many factors can affect the outcome from a procedure. Sometimes surgical revisions are necessary. Surgical revisions will be performed for up to one year after the initial date of the procedure. Professional fees for any revisional procedure will be at **50% cost**, as long as the revision is mutually agreed upon by physician and patient, and all postoperative appointments were kept, and all postoperative instructions were followed. There will be additional fees for anesthesia and facility fees which are the patient's responsibility. _____ patient initials

Please sign below to acknowledge the receipt of our policies:

Signature: _____ **Date:** _____

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