

**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.

**NO REFUND AND REVISION POLICY**

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

**HEALING AFTER A PROCEDURE VARIES FROM PATIENT TO PATIENT AND INCLUDES SCARRING AND SWELLING WHICH CAN AFFECT YOUR OUTCOME. SOMETIMES SURGICAL REVISIONS ARE NECESSARY. REVISIONS WILL BE PROVIDED FOR ONE YEAR AFTER THE INITIAL DATE OF PROCEDURE WITHOUT PHYSICIAN FEES AS LONG AS THE REVISION IS MUTUALLY AGREED UPON BY PATIENT AND PHYSICIAN, ALL POSTOPERATIVE APPOINTMENTS WERE KEPT AND ALL POSTOPERATIVE INSTRUCTIONS WERE FOLLOWED. THERE WILL BE ADDITIONAL COSTS FOR ANESTHESIA AND FACILITY FEES WHICH ARE THE PATIENT'S RESPONSIBILITY.**

**Please sign below to acknowledge the receipt of our policies:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_