**Institute for Beauty, Wellness & Regenerative Medicine**

**FINANCIAL POLICIES**

As patients approach surgery, they frequently need information about the various payment options. We hope the following information will be helpful.

 Consultation Fee Agreement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and have been informed that Dr. Nicole Castellese has a consultation fee of $295. This fee will be applied as a credit towards your surgery or procedure in which you are consulting about. If you choose not to have the surgery/procedure you have 6 months from the consultation date to redeem this credit towards another service in office. This credit cannot be used towards the purchase of products such as skincare or Latisse unless your consultation was for skincare. The consult fee also cannot be applied towards permanent makeup services.

PAYMENT OPTIONS

Payment for procedure is due in full the day of service or prior to treatment. Payment for cosmetic surgery is due in full at the time of your preoperative visit. We provide several payment options which may be used individually or combined according to your wishes.

◼ CASH OR CHECKS: Personal check, cashier’s check, or cash.

◼ CREDIT OR DEBIT CARDS: Visa, Master Card, Discover, or American Express.

◼ OPTIONAL FINANCING PLANS: We will be happy to assist you with applying for financing should you so desire

CANCELLATION POLICY

We take pride in the appropriate reservation of your procedural date and time. Our priority is to schedule procedures that can be attended to with the utmost care.

**POLICY FOR SURGICAL PROCEDURES**: Regarding surgery scheduling, this requires careful planning and coordination between our office, any necessary operating staff, as well as your anesthesiologist, if applicable. In addition, special medical supplies are ordered ahead of your procedure and instrumentation is prepared and sterilized for each individual procedure. Therefore, please understand the importance of respecting our “Three Week Cancellation Policy” which entails the following:

* Cancellations 15-21 days prior to your procedure date will result in a 35% loss of all fees.
* Cancellations 8-14 days prior to your procedure date will result in a 50% loss of all fees.
* Cancellations 7 days or less from your procedure date will result in 100% loss of all fees.
* $750 deposit is non-refundable.
* Payment for surgery must be received in full by check, cash, or credit card, two weeks or ten business days prior to your surgery date.

If you dispute a charge in attempt to not pay these fees or deposits, please be advised that in doing so you will not be eligible for further treatment at the Institute for Beauty, Wellness & Regenerative Medicine. This will void your right to have any consultation fee or deposit to be used as a credit towards any services.

Notice of Additional Fees

The Institute for Beauty, Wellness & Regenerative Medicine is a self-pay practice. We do not file or bill to insurance. Occasionally, a patient may decide to seek reimbursement through their insurance or warranty. This will result in additional paperwork required from the practice. If additional information or paperwork is needed from us it will result in additional fees ranging from $50-$250.

For Checks that do not go through there will be a $50.00 charge.

If you do not use your full syringe of filler, one follow up appointment is included to use the remaining amount. If additional treatments are needed for this previously purchased syringe there will be a $50 injection fee charged.

Thank you for your cooperation in this matter.

I have read, understand, and accept the above policies.

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

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