



FINANCIAL POLICY

Thank you for choosing our office to assist you with your healthcare needs. We strive to provide you with the best care possible, and in return, we ask that you assist us not only in monitoring your healthcare, but also by paying for our services in a responsible and timely manner.

The following is a statement of our financial policy. Our office requires that each patient read and sign a copy of this policy before we provide any treatment. Therefore, please read through this statement and feel free to ask us any questions you may have relating to our policy. Then sign the statement at the bottom of this form.

When making an appointment for SmartLipo Surgery, and Laser Treatment you will be required to pay half of the procedure cost up front (non-refundable) and the balance day of surgery.

If necessary you may reschedule your procedure with two (2) week notice, however, your down-payment is non-refundable.

Acceptable Payment Methods:

We accept cash, checks, Visa, Mastercard, Discover Card, American Express, and Care Credit.

Patient Signature _____ Date: _____