

UMANSKY PLASTIC SURGERY
U Laser MedSpa

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A Medical Corporation

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FINANCIAL RESPONSIBILITY - LATE CANCELLATION - NO SHOW POLICY

PATIENT NAME: (LAST, FIRST, MI, MAIDEN):

INSURANCE CLAIMS:

Each patient (or responsible party) is financially responsible for services rendered. While we are pleased to assist in the preparation of submission of insurance forms, the obligation of payment remains that of the patient (responsible party). I authorize the release of any medical information necessary to process this claim. I understand I am financially responsible for the unpaid balance of all accounts in the event this authorization is insufficient to liquidate this account. I hereby assign and transfer any insurance benefits paid to me for professional services to be paid directly to the physicians.

COSMETIC SERVICES:

All cosmetic surgeries are to be paid in full 28 days in advance of the surgical date.

LATE ARRIVALS:

Late arrivals may result in the need to re-schedule your appointment.

SCHEDULING FEES, LATE CANCELLATION & NO SHOW POLICY:

Due to the large blocks of time reserved for cosmetic procedures, last minute cancellations and no shows cause a significant hardship with our staffing, supplies and our ability to accommodate other patients. We understand situations arise when you may need to cancel your appointment and we appreciate 48 hours advance notice when that happens. This helps us be respectful of other patients needs and enables us to give the appointment time to another patient.

We require a \$300 non-refundable scheduling fee to secure a CoolSculpting, SculpSure or Pelleve appointment; this is applied toward your procedure. In the event of a late cancellation or no show, the \$300 non-refundable scheduling fee will not be applied toward future scheduling or treatments. We require a \$50 non-refundable scheduling fee to secure Facial Services, 1540, IPL, Laser Hair Removal, MicroNeedling - SkinPen, PicoSure Laser Tattoo Removal, Leg Vein Therapy, Sclero and any Laser treatments for Scars, Leg Veins or Stretch Marks. In the event of a late cancellation or no show, the \$50 non-refundable scheduling fee will not be applied toward future scheduling or treatments. Should you have any questions regarding fees or terms, please do not hesitate to ask.

X _____
Signature of patient, responsible party or legal guardian

DATE