

Aesthetica Cosmetic & Laser Center

Financial and Insurance Policy

- It is the policy of Aesthetica Cosmetic & Laser Center to have a Financial and Insurance Policy that clearly outlines patient and practice responsibilities. We are committed to providing our patients with optimal care when addressing your aesthetic and medical concerns. This Financial and Insurance Policy was created in an effort to avoid any misunderstandings or disagreements concerning payment and/or coverage for professional services.

Please read the following carefully:

1. **Aesthetica does not accept or participate in any insurance plans nor are we responsible for prescription plan coverage:**
 - a. Treatments provided at Aesthetica are not able to be submitted to insurance companies.
 - b. Aesthetica does not have knowledge as to whether or not a prescription given to the patient will be covered by the patient's insurance plan. The prescription given is the prescription that Dr. Vasily feels is best suited for your medical concern(s). If you are unable to attain a prescription written by Dr. Vasily due to coverage and/or cost; you may contact your insurance agent or provider to request a copy of your prescription formulary. The patient is responsible for knowing their own prescription formulary. Once you have obtained the prescription formulary, kindly contact our office with the information and Dr. Vasily will review your formulary and provide you with a prescription that meets your insurance company's requirements.
 - c. We do not write pre-authorizations for prescriptions. If your insurance company rejects a prescription and requests a pre-authorization; kindly provide our office with your prescription formulary and we will have Dr. Vasily review the formulary for a covered prescription.

Consent for Financial Responsibility of Non-Covered Services

I understand that all services performed at Aesthetica Cosmetic & Laser Center are considered cosmetic and not covered or reimbursed by my insurance carrier. I agree to be financially liable for any payments incurred for these services.

Patient Signature: _____ Date: _____

2. Patient Financial Responsibility:

- a. Payment is due at the time of service and/or at the time the product(s) are received.
- b. Payment Options: Cash, checks and all major credit cards (Visa, MasterCard, Discover, American Express.)

PLEASE NOTE: If paying by check, there is a \$30 fee for all returned checks. A \$25 administration fee if the account is forwarded to collections for non-payment.

- c. NO INTEREST¹ Payment Plans² from CareCredit®.
 - Convenient, low monthly payment plans are available.
 - No annual fees or pre-payment penalties.
 - Prior approval is required. You are welcome to inquire at the front desk for more information on this plan.

¹ If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

² Subject to credit approval.

Cancellation Policy

- a. Our office policy for cancellations is a 24 hour notice. Outlined below is our policy on less than a 24 hour notice of cancellation and for any missed appointments in our office.
 - Missed Consultation appointment with Dr. Vasily \$100
 - Missed follow up or treatment appointment \$ 50
 - Missed Botox® appointment will be billed at the treatment cost
 - Cancellation notice is less than 24 hours: \$ 50

My signature on this document confirms that I have read and will adhere to Aesthetica Cosmetic & Laser Center Financial and Insurance Policy and the Cancellation Policy.

_____ (signature)

____/____/____ (date)

_____ (print name)