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## **OUR PRACTICE FINANCIAL POLICY**

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

### **Cosmetic Services**

All cosmetic consultations are payable at the time of service, and all fees collected for the consultation are non-refundable. If you elect to undergo a cosmetic procedure, the consultation fee will be credited towards Dr. DiBello's surgical fee if surgery is performed within six (6) months. All non-surgical cosmetic procedure fees are payable at the time of service. All cosmetic surgical procedure fees are payable in full two weeks prior to the time of service unless other arrangements have been made.

### **Credit Card Payments**

We do accept credit card payments (Visa/MasterCard), however, there will be a **4% non-refundable administrative fee assessed for all credit card transactions.**

### **Minor Patients**

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment. The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements.

### **Outstanding Balance Policy**

**It is our office policy that all past due accounts be sent a statement which is due upon receipt.** If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made or we do not hear from you, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.

I understand that in the event my account is placed in collection status, any additional fees incurred due to this, will be added to my outstanding balance. This includes, but is not limited to late fees, collections agency fees, court costs, interest and fines. I understand that these additional fees will be my personal responsibility to pay in full. Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

### **Returned Checks**

The charge for a returned check is \$50.00, payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check. For same day services we will accept personal checks, however, we will need a valid credit card authorization on file in the event the check is returned. When a check is returned, the credit card on file will then be charged for the amount of the services provided plus the returned check fee.

**I have read and understand the financial policy of the practice and I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account.**

**I agree to be bound by its terms.**

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Please Print the Name of the Patient

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Signature of Patient

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Date/Time