



Cancellation Policy

For cosmetic or aesthetic treatment sessions, such as Sclerotherapy, SculpSure, CoolSculpting, Venus Freeze/Viva, MiraDry, Laser/Skin Rejuvenation, Laser Tattoo Removal and Botox/Fillers cancellations:

We appreciate 48 hours (2 business days) notice of cancellation so that we may work with another patient if you are unable to keep the appointment for your treatment session. Treatment appointments cancelled with less than 48 hours (2 business days) notice or No-Shows will incur a \$100 fee.

For Laser Ablation Vein surgery cancellations:

We appreciate 2 weeks' notice of cancellation for Vein Surgeries so that we may work with another patient during your scheduled time. Surgery cancelled with less than 2 weeks' notice will incur a \$200 fee. Surgery cancelled with less than 48 hours (2 business days) notice or No-shows, will incur a \$500 fee.

For Tickle Liposuction/Body Contouring Surgery cancellations:

We appreciate 2 weeks' notice of cancellation for these procedures so that we may work with another patient during your scheduled time. Procedures cancelled with less than 2 weeks' notice will incur a \$500 fee on your credit card. Surgery cancelled with less than 1 week notice or No-Shows will forfeit the deposit paid at the time of scheduling.

Patient Signature: _____

Date: _____



Credit/Debit Card On-File Authorization Policy

At *Premier Vein & Body by Schwartz*, our financial policy requires that a credit or debit card be placed on file prior to being seen by our providers. This allows us to provide ease of payment for the patient responsibility portion of services that your insurance doesn't cover, but for which you are liable, as well as for other financial responsibilities, such as No-Show or Late Cancellation fees. Co-pays are not included in this process and will be collected at the time services are rendered.

Your credit card information is kept confidential and secure, and no personal medical information is stored with it. For insurance claims, we will file your claim to your insurance company. After your insurance company processes your claim, the billing department will mail a statement to the address on file that will provide you with your current balance. Should you prefer to pay directly by check or other means, or wish to arrange a monthly installment plan, or have questions concerning your bill, **you must contact our business office prior to the due date** listed on the statement.

Payments to your credit card will only be processed if payment and/or arrangements are not received by the due date, and only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has been paid and posted to your account. Furthermore, an "outstanding balance" charge of 2 % of the total bill will charge for each month that the bill remains unpaid.

Please circle: AMEX VISA MASTERCARD DISCOVER

Credit Card Number: _____

Expiration Date: _____ / _____

CVV: _____

Cardholder Name: _____

Billing Address: _____

City/State/Zip: _____

PLEASE SIGN: I (we), the undersigned, hereby authorize and request *Premier Vein & Body by Schwartz* to charge my credit card, indicated above, for balances due for services rendered and amounts identified as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by *Premier Vein & Body by Schwartz*, and includes No-Show or Late Cancellation fees. The authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must provide 60-day notification to *Premier Vein & Body by Schwartz* in writing, and my account must be in good standing.

Patient Name (Print): _____ **Date:** _____

Patient/Legal Guardian Signature: _____