Cancellation Policy

For cosmetic or aesthetic consultation/treatment sessions cancellations:

Please note your pre-paid $100 represents the fee for your consultation appointment. This fee is Non-Refundable but will be applied toward your cosmetic/aesthetic treatment should you choose to move forward.

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/consultation session. Consultations cancelled with less than 48 hours notice(2 business days) or No-Shows, will forfeit their $100 pre-paid consultation fee. Treatment appointments cancelled with less than 48 hours notice(2 business days) or No-Shows, will incur a separate $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, rescheduled or No-Shows with less than 2 weeks notice will incur a $200 fee. Surgery cancelled/rescheduled with less than 48 hours (2 business days) notice or No-Shows, will incur a $500 fee.

For Major Surgery/Procedure cancellations:

We appreciate 2 weeks notice of cancellation for all other Major Surgery/Procedure cancellations (including but not limited to; Lipo, Body Contouring, Renuvion, MiraDry so that we may work with another patient during your scheduled time. Surgery cancelled/rescheduled with less than 2 weeks notice will incur a $500 fee on your credit card. Surgery cancelled/rescheduled with less than 48 hours (2 business days) notice or No-Shows, will forfeit the deposit paid at 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 Signature:_____ **Date:** _____