



PERICH AESTHETICS FINANCIAL AGREEMENT DEPOSIT REFUND AND CANCELLATION POLICY

DOCTOR CONSULTATION FEE:

Our office requires a \$50 deposit fee for your first Doctor consultation appointment. This deposit is applied toward any future procedures within 90 days from your Dr. Consultation appointment.

AESTHETICIAN CONSULTATION FEE:

Our office requires a \$ 50 deposit fee for your first Aesthetician consultation appointment. This deposit is applied toward any future procedures within 90 days from your Consultation appointment.

IN-OFFICE COSMETIC PROCEDURES OR AESTHETIC TREATMENTS:

Minor in-office cosmetic procedures, aesthetic services, and products are self-pay and full payment is to be collected at the time of service.

No refunds will be issued for completed procedures, services, treatments or products.

THERE WILL BE A \$50 CHARGE FOR LESS THAN 48 HOURS NOTICE AS WELL AS A NO SHOW!

IN-OFFICE NON-SURGICAL PROCEDURES:

Full payment is required two weeks before non-surgical procedures (CO2 Laser Resurfacing, Morpheus8, FaceTite) which includes the \$250 NON-REFUNDABLE CANCELLATION FEE . We understand you might cancel the appointment due to an emergency, in this case our office will accommodate you with a new appointment date. We will also reschedule any appointments within 5 business days of your non-surgical procedure.

If the non-surgical procedure is cancelled within 5 days of the procedure date, we will refund the full amount, minus the \$250 of the Non-Refundable cancellation fee.

If the non-surgical procedure requires more than one appointment and you decide to cancel and not continue with the remaining of the other procedures, we will refund the remaining balance on your account, minus \$250 Non-Refundable cancellation fee

There will be no refunds for cancellations less than 48 hours before the scheduled non-surgical procedure.

CareCredit is accepted as a form of payment along with Visa, Master Card, American Express, Discover or a personal check.

We will also withhold 3.5 % for any refunds made to credit cards for processing fees charged by the credit card companies.

SURGICAL PROCEDURES:

A \$500 NON-REFUNDABLE DEPOSIT is required to reserve a surgery date and time. This deposit is applied toward the total cost of your surgery. Surgical procedure dates will not be reserved without the deposit. If surgery is cancelled, the patient will forfeit this amount to Perich Aesthetics. Remaining balance is. due two weeks (14 days) before your scheduled surgery date.

Surgery procedures must be paid in full two weeks (14 days) before the surgery. If not paid in-full two weeks (14 days) prior to the scheduled surgery, the surgery will be cancelled or postponed and a new surgery fee of \$500 will need to be provided towards the new surgery date.

If surgery is cancelled within 10 days of the surgery date, the patient will forfeit 50% of the amount paid for the surgery.

There will be no refunds for cancellations less than 3 business days before the scheduled surgical procedure.

CareCredit is accepted as a form of payment along with Visa, Master Card, American Express, Discover or personal check.

Once you have been scheduled for surgery, we request that you make every effort to avoid canceling.

THERE WILL BE NO REFUNDS FOR NO SHOW!

Insurance and Cosmetic Surgeries, Procedures and Products:

Cosmetic surgeries, procedures, and products are not covered by health insurance!

COMPLICATIONS AND UNSATISFACTORY RESULTS:

Postoperative complications are rare and uncommon. However, should postoperative complications arise necessitating care at an emergency department, a hospital admission, additional surgery, anesthesia, laboratory tests, etc., patients are responsible for any and all charges incurred.

Although good results are expected, there is no guarantee or warranty, expressed or implied, of the results that may be obtained for any service, procedure or product performed or sold.

Perceived lack of improvement in a person's condition does not translate into any type of refund.

IN ORDER TO RESCHEDULE OR CANCEL AN APPOINTMENT YOU MUST CALL OUR OFFICE 48 HOURS IN ADVANCE AT 727-777-2640

I have read thoroughly, understand and agree to the above policies and conditions.

Patient Name (print): _____

Patient Signature: _____

Date: _____