

**CANCELLATION POLICY
FINANCIAL AGREEMENT**

*At Dermatology & Laser of Del Mar we understand that your time is important. We reserve your appointment exclusively for you. As a courtesy we may call or e-mail to remind our patients of future appointments. However, if an appointment needs to be moved or rescheduled it is the patient's responsibility to notify DLDM within 48-hours of the appointment so that another patient on our waiting list may be able to utilize this slot. **For appointments cancelled with less than 48 hours notice, a cancellation fee will be charged. This is a personal responsibility and will not be billed to your insurance company.***

CANCELLATION POLICY-Laser appointments

Cosmetic laser appointments must be cancelled with a minimum of 48-hour notice before the scheduled appointment time. **If our office has not received notice to cancel your appointment within the required time frame, you will be billed accordingly, per this Financial Agreement.** As a courtesy, Dermatology & Laser of Del Mar (DLDM) will attempt to contact you to confirm your appointment 48 hours prior. Please remember our policies are created to allow for effective scheduling to ensure all patients wishing to receive services may be accommodated.

- Fraxel or Thermage procedures \$500
- All other Laser procedures \$200

Initials _____

CANCELLATION POLICY-All other cosmetic appointments, general dermatology appointments, and esthetician services

These appointments must be cancelled with a minimum of 48-hour notice before the scheduled appointment time. **If our office has not received notice to cancel your appointment within the required time frame, you will be billed accordingly, per this Financial Agreement. *Your health plan does not cover payment for missed appointments; therefore, you are responsible for this payment in full.*** Please help us better serve all of our patients by notifying us as soon as possible if you must change or move your appointment.

- Esthetician appointments \$50
- Cosmetic appointments \$200 (dermal fillers, Botox/Dysport)
- General appointments \$50

Initials _____

FINANCIAL POLICY-ALL Patients, including Medicare

Payment is required for all services at the time they are rendered. Due to contractual agreement with your health plan all applicable payments, co-payments, and deductibles, will be collected at time of service. Patients are responsible for any/all charges not paid for by their insurance company to include no-show/late cancellation fees. I agree, either as an agent or as the patient, that I am obligated to pay any/all fees for the exam/treatment that may not be covered or authorized by my insurance carrier. Should my account be referred to an attorney for collection, I understand that I will pay reasonable attorney's fees and collection expenses

Initials _____

My signature authorizes Dermatology & Laser of Del Mar to charge my credit card on file accordingly for any missed/late cancelled appointment. My signature also confirms that I have read and understand the cancellation policy and financial agreement of Dermatology & Laser of Del Mar. I agree to abide by these policies and agreements and fulfill my responsibility under this agreement.

Patient Name (please print)

Patient Signature

Date

**Dermatology & Laser of Del Mar
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