



# WINDY RIDGE SKIN CARE CENTRE

## *Financial Agreement*



BY THREE RIVERS DERMATOLOGY

Version 3/1/2016

## Windy Ridge Skin Care Centre Financial Agreement

Welcome to our practice! We are pleased that you have chosen us to provide your skin care. We feel that it is important that our guests are informed of the financial policies of this practice. We encourage you to discuss with any member of our team any questions you may have regarding these policies.

1. **Payment in full for all Windy Ridge treatments and products is due at the time of service.**
2. Our office does not bill insurance companies for cosmetic procedures.
3. For your convenience, Three Rivers Dermatology/Windy Ridge accepts cash, check, Visa, MasterCard, American Express, Discover, and Care Credit. "Starter checks" (checks with no printed name and address) will not be accepted.
4. **Consultation Fee:** A consultation fee of \$100 is charged for discussions about cosmetic procedures. The fee must be paid at the time that the consultation is scheduled and will be forfeited if you cancel with less than 24-hour notice. That fee may be applied to the cost of the procedure if it is done within 6 months of the consultation. A consultation fee of \$95 is charged for skin care analysis, and a fee of \$49 is charged for make-up consultation/application; these fees may also be applied to the cost of products purchased within 2 months of the consultation.
5. **Packages:** Treatments may be purchased individually or in a package. Purchasing a package offers a discount compared to individual pricing and requires that payment for the entire package be paid in full prior to the 2<sup>nd</sup> treatment.
6. When scheduling 2 or more treatments in 1 day, a \$200 deposit is required in order to schedule the treatments. The deposit will be forfeited if you cancel with less than 24-hour notice.
7. **Cancellations:** At least 24-hour notice of cancellation is required to avoid being charged for your service. If cancellation is received with less than 24-hour notice, you will be charged 50% of the cost of the scheduled service.
8. **No-shows:** If you do not call in advance to cancel or reschedule your appointment, you will be charged the full amount of the scheduled service.
9. For tattoo removal, DOT treatments, and a select few other laser procedures, payment in full is required in order to schedule the treatment
  - If you cancel or reschedule the treatment with notice of less than 2 business days, you will receive a refund/credit of only 50%
  - If you miss your appointment without notifying the office in advance, you will forfeit the entire payment for the procedure.
10. **Product Return Policy:** Unopened or unused products may be exchanged or returned for a store credit within 2 weeks of purchase. If the product is used or the package is opened in any way, a 50% re-stocking fee will be charged. If you feel that you have had an adverse reaction to any product, a return for full store credit may be allowed if you come into the office and allow Dr. Sassmannshausen to evaluate your reaction. Prescription products, by law, may not be returned under any circumstances.
11. **RETURNED CHECKS:** If a check is returned due to insufficient funds, we will contact you and request an alternate form of payment for the amount of the check. Due to the additional handling and charges by the bank, an added fee of \$40 will also be due for each returned check. If payment is not received within 1 week, your account may be referred to a professional collection agency.

### AGREEMENT TO PAY FOR SERVICE

I understand and agree that I am required to pay for the services provided to me by Three Rivers Dermatology/Windy Ridge Skin Care Centre at the time of service or in advance as required. If I do not pay for the services within the specified time frame, I understand that I will also be responsible for all costs incurred by the practice in collecting such charges, including attorney fees, court costs and/or collection expenses.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_