



Patient Name _____ Chart # _____ Date _____

Patient Financial Agreement

1. I understand that the services or procedures rendered by Dr. Joe Niamtu are completely cosmetic in nature and not covered by insurance. No claims will be filed today or in the future for any cosmetic procedures.
2. Same Day Cosmetic Procedures- Full payment is due on the day that services are rendered. For your convenience, we offer several payment options including: cash, check, debit card and credit card (MasterCard, VISA, Discover and American Express). By endorsing this policy, you authorize us to make any necessary credit investigation including employment verification.
3. Cosmetic Surgeries Requiring IV Anesthesia - A \$500.00 non-refundable deposit is required to secure a surgery date. This deposit will be applied to your surgical fees. The remaining balance is due at your pre-op assessment appointment. For those patients who qualify, third party financing is also available through CareCredit.

In the event of a cancellation for any reason other than a bona fide medical issue or family emergency, you will be assessed a cancellation fee in addition to the non-refundable deposit amount. This cancellation fee will help to cover those expenses incurred by our office, including (but not limited to) expenses for anesthesia personnel; medications and medical devices that have been procured, prepared, and/or opened in advance of the procedure office staffing; and recovery arrangements. Specifically, cancellation fees shall be as follows:

- A) For those procedures cancelled within 48 hours of the scheduled start time, the provider shall be entitled to retain 10% of the total surgical fee.
- B) For those procedures cancelled within 24 hours of the scheduled start time, the provider shall be entitled to retain 35% of the total surgical fee.
4. Cosmetic Surgeries Not Requiring IV Anesthesia- A \$100.00 non-refundable deposit is required to secure a surgery date. This deposit will be applied to your surgical fees. The remaining balance is due on the day of your procedure.
5. Unpaid Balances – The office will assess a \$35 fee on any returned checks. Charges reflected on billing statements are agreed to be correct and reasonable unless disputed in writing within thirty (30) days of the billing date. All unpaid balances will accrue interest at the rate of 1.5% per month or 18% per annum. If your unpaid balance is turned over to an attorney or collection agency for collection, you agree to pay all costs

associated with collection, including attorney fees equal to 33⅓% of the unpaid balance.

I have received and understand these policies and I agree to the terms listed above.

Signature (patient or responsible party)

Date



Office use only:

Reviewed by:

Employee Name / Date