



Patient Financial Agreement

1. I understand that the services or procedures rendered by Raminder Saluja, MD are completely cosmetic in nature and not covered by insurance. No claims will be filed today or in the future for any cosmetic procedures. For your convenience, we offer several payment options including: cash, check, debit card and credit card (MasterCard, VISA, Discover and American Express). For those patients who qualify, third party financing is also available through Care Credit (for amounts greater than \$300). Any refunds through Care Credit will be minus the 6% processing fee.
2. All consultations will be charged \$25. This will be applied to first treatment and must be used within a year. If prescriptions are written or called into pharmacy, a \$25 fee will be charged.
3. Same Day Cosmetic Procedures – Full payment is due on the day that services are rendered.
4. For patients requiring numbing, Pliaglis Cream will be applied at the office 1 hour prior to procedure (\$25 cost).
5. We understand in some cases scheduled appointments do occasionally need to be cancelled. We require a 24 advance notice to avoid a cancellation fee. Appointment cancellation fees are charged as follows: less than 1 hour appointment time will be charged \$25, appointment time over 1 hour will be charged \$50.
6. Precision Lazerlift – Payment of half of procedure amount is due to secure a surgery date. This deposit will be applied to your surgical fees. The remaining balance is due at the time of the laser procedure. If appointment is cancelled or rescheduled 48 hours or less of the scheduled surgery date a fee of \$500 will be forfeited.
7. SCULPSURE or High Level Fractional CO² – A \$100 deposit is required to secure an appointment for two or more treatment areas. The remaining balance is due at the time of the laser procedure. If appointment is cancelled or rescheduled 48 hours or less from the scheduled treatment, the \$100 deposit will be forfeited.
8. Out of State Patients – Due to the increased time required for consultations with out of town patients, a \$100 consultation fee is due to reserve your appointment. This deposit will be held on your account and applied toward any products or services in the office to be used within one year. If the patient cancels their appointment within 7 days of the scheduled appointment or does not show for the appointment, the fee will be applied to the account and will not be eligible for use toward products or services.

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

Print Patient Name _____ Date _____

_____ Signature (patient or responsible party)