**Institute for Beauty, Wellness & Regenerative Medicine**

**FINANCIAL POLICIES**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and have been informed that Dr. Nicole Castellese has a new patient consultation fee of $495. This fee will be applied as a credit towards your surgery or procedure in which you are consulting about. If you choose not to have the surgery/procedure, you have 6 months from the consultation date to redeem this credit towards another service in office. This credit cannot be used towards the purchase of products such as skincare unless your consultation was for skincare. The consult fee also cannot be applied towards permanent makeup services. If you “no show” or cancel your consultation last minute, you must prepay to have another appointment reserved for you.

Payment for a procedure is due in full the day of service or prior to treatment. Payment for cosmetic surgery is due in full at the time of your preoperative visit. We provide several payment options which may be used individually or combined according to your wishes.

■ CASH OR CHECKS: Personal check, cashier’s check, or cash.

■ CREDIT OR DEBIT CARDS: Visa, Master Card, Discover, or American Express. HSA card payment may also be acceptable, but this is not guaranteed.

■ OPTIONAL FINANCING PLANS: We will be happy to assist you with applying for financing should you so desire

We take pride in the appropriate reservation of your procedural date and time. Our priority is to schedule procedures that can be attended to with the utmost care.

**POLICY FOR SURGICAL PROCEDURES**: Regarding surgery scheduling, this requires careful planning and coordination between our office, any necessary operating staff, as well as your anesthesiologist, if applicable. In addition, special medical supplies are ordered ahead of your procedure and instrumentation is prepared and sterilized for each individual procedure. Therefore, please understand the importance of respecting our “Three Week Cancellation Policy” which entails the following:

* Cancellations 15-21 days prior to your procedure date will result in a 35% loss of all fees.
* Cancellations 8-14 days prior to your procedure date will result in a 50% loss of all fees.
* Cancellations 7 days or less from your procedure date will result in 100% loss of all fees.
* $1750 scheduling fee is NON-REFUNDABLE and NON-TRANSFERABLE. (meaning it cannot be applied towards a different surgery date)
* Payment for surgery must be received in full by check, cash, or credit card, AT LEAST two weeks or ten business days prior to your surgery date. If your preoperative appointment is 3-4 weeks before surgery, full payment is due at the time of that appointment.

**ADDITIONAL POLICIES**

If you dispute a charge in an attempt to not pay any portion of these fees, please be advised that, in doing so, you will not be eligible for further treatment at the Institute for Beauty, Wellness & Regenerative Medicine. This will void your right to have any consultation fee or scheduling fee to be used as a credit towards any services.

The Institute for Beauty, Wellness & Regenerative Medicine is a self-pay practice. We do not file or bill insurance. Occasionally, a patient may decide to seek reimbursement through their insurance or warranty. This will result in additional paperwork required from the practice. If additional information or paperwork is needed from us, it will result in additional fees ranging from $50-$250.

For Checks that do not go through there will be a $50.00 charge in addition to the amount owed.

If you do not use your full syringe of filler, one follow up appointment is included to use the remaining amount. If additional treatments are needed for this previously purchased syringe, there will be a $150 injection fee charged.

I accept full responsibility for any and all, present and future, medical treatment(s), correction(s), removal(s), and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure(s).

I agree that should I have a complaint of any kind, I shall immediately notify Dr. Nicole Castellese or the Institute for Beauty, Wellness or Regenerative Medicine in writing. I further agree that any controversy or claim arising out of or relating to this and/or any signed document between myself, Dr. Nicole Castellese or the Institute for Beauty, Wellness or Regenerative Medicine, shall be settled by arbitration in the state of Oklahoma, and in accordance with the rules of American Arbitration Association, and judgement of the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. I understand that in the event that I have an issue, I will present it to the practice, Institute for Beauty, Wellness & regenerative Medicine. I agree I will not take to the internet or social media to intentionally slander or write a defamatory statement.

I have read, understand, and accept the above policies.

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_