

FINANCIAL AGREEMENT FOR COSMETIC PROCEDURES

The patient is financially responsible for all cosmetic procedures. This office does not bill insurance companies for cosmetic procedures.

I, _____ state that I have requested a cosmetic procedure, _____ to be performed on _____ and that I understand and agree to the following:

- * I am financially responsible for the full cost of the procedure.
- * Insurance claims cannot be filed either by our office or the patient for cosmetic procedures.
- * I understand that this fee includes only this procedure and the follow up care related to this procedure.

Fee paid _____

patient signature

date