

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 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 for today.

Fee paid _____

patient signature

date

In front of (PRACTICE REPRESENTATIVE NAME TO BE PRINTED OR INITIAL)