

**PAYMENT POLICY**

We are committed to your treatment being successful and thank you for choosing our office for your plastic surgery and med spa needs. Please understand we do expect payment for services rendered. The following is a statement that all patients must read and sign before being seen by Dr. Samuels or one of our Nurse providers.

- WE ACCEPT CASH, CHECK (\$200 or less), VISA/MASTERCARD, AMERICAN EXPRESS, and DISCOVER
- WE OFFER AND ACCEPT CARECREDIT AND ALPHAEON FINANCING IN THE OFFICE

**PROCEDURE**

Payment is due at the time of the pre-op appointment; otherwise your procedure will be rescheduled and/or canceled.

**SKINCARE AESTHETIC SERVICES**

Payment is due upon receipt when skincare products and/or services are rendered. All sales are final on products. There will be no returns, exchanges, or refunds.

**CANCELATION & NO SHOW POLICY**

As a courtesy to the office and other patients who are requesting appointments, we ask that you please cancel or reschedule your appointment two business days before your scheduled appointment. In order to hold your appointment time, we require a credit card to be provided. There will be nothing charged to your credit card unless you fail to show for your appointment or do not give the office at least a two business day notice to cancel or reschedule.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patients Signature: \_\_\_\_\_

---

**NOTICE OF RECEIPT of the NOTICE OF PRIVACY PRACTICES\***

I hereby acknowledge that I have reviewed/received the Notice of Privacy Practices from the office of Julene B. Samuels, MD, FACS.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patients Signature: \_\_\_\_\_