

# SARASOTA PLASTIC SURGERY CENTER FINANCIAL AGREEMENT

## Cancellation Policy

Patients will be charged a \$100.00 consultation fee for "no show" appointments and for appointments cancelled without a 24 hour advance notice.

As a courtesy, we attempt to remind patients by phone of their scheduled appointments. However, it is the patient's responsibility to keep his/her appointments whether or not a reminder call is received. We are **non-participating** providers for commercial insurance companies. Payment is due in full at time of service.

*I certify that I am the patient or that I am financially responsible for the services rendered. My signature below indicates that I have read, understand, and agree to the terms stated in this financial agreement/cancellation policy.*

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Patient

Date

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Witness

Date

*\* A photo static copy of this agreement shall be considered effective and valid as original.*