

# LAKE SIDE COSMETIC CENTER

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CHELSEA OBOURN M.D.

## Elective Non-Surgical Cosmetic Treatment and Procedure Financial Policies

We would like to thank you for choosing Lakeside Cosmetic Center (LCC) for your cosmetic treatment and aesthetic needs. As one of our patients, we would like to keep you informed of the current office and financial policies. Please read each of the following policies carefully and sign the acknowledgement below.

**Payment:** All payment for cosmetic consultations, or elective procedures and treatments are expected at the time of service. LCC does request that new patients schedule a consultation prior to services. A consultation fee of \$85 is required upon arrival for the appointment. The consultation is designed for you and the provider to meet and discuss your cosmetic needs, outline any procedure or treatments, and inform you of the fees. The consultation fee is applied to your first treatment or procedure equal to or greater than \$100 (skin care products are excluded). LCC accepts payment in the form of check, major credit cards, and CareCredit.

**Missed Appointments/Late Cancellations:** Broken cosmetic appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We require a 48-hour notice for canceling or rescheduling of any appointment. **There is a charge of \$50.00 for missed or late cancelled cosmetic appointments.** Cancellations must be done by telephone and will not be acknowledged by email, text, or social media.

**Tardiness:** Adequate time is scheduled to perform your treatments safely and effectively. We strongly encourage you to give our office an advanced notice that you are running late, and we will do our best to accommodate. If a late arrival exceeds 10 minutes, our staff may need to reschedule your appointment to allow enough time for your treatment, in which case a **fee of \$50.00** will be applied.

**Refunds:** In the event you purchase a series of treatments, and a medical problem or unforeseen circumstance prevents completion of the pre-paid treatments according to plan, the patient may take an extended period of time (not to exceed two years) to complete said treatments. Alternatively, a different treatment of comparable dollar value may be substituted. In extreme circumstances, at the discretion of LCC, treatments may be transferrable.

**Services Policy:** I understand that LCC has the right to refuse elective cosmetic treatment and/or dismiss a client from any service at any time. I also understand that I may not be a candidate for certain cosmetic services, and it is at the full discretion of the medical provider to determine whether I am a candidate for any service provided.

**I have read, understand, and agree to the office financial policies set forth by Lakeside Cosmetic Center.**

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name (Please Print): \_\_\_\_\_

*At your request, a copy of these policies can be provided for you.*