

California Institute of Cosmetic & Reconstructive Surgery

Vipul R. Dev, M.D./Narayanan M. Nair, M.D.

Office Policies

Patient Cancellation/Rescheduling:

We enforce a **24 hour** cancellation policy for all appointments. Failure to do cancel an appointment **24 hours** in advance will result in a **\$50.00** cancellation fee. Special circumstances will be taken into consideration.

Late Policy:

Any patients arriving 15 minutes or later for their appointments will be rescheduled. If this occurs more than once there will be a **\$15.00** dollar charge per each occurrence.

Consultations:

There is no fee for **Cosmetic Consultations**.

Insurance patients will be responsible for their **office visit co-pays**, deductibles, and/or percent of non-covered services at time of service and will be collected upfront prior to seeing the doctor. The consultation is considered an office visit.

For **Weight Loss Consultations** the initial fee is **\$150.00** dollars, which will cover your first three appointments.

There will be a **\$75.00** dollar fee for 3 month follow ups, thereafter.

Office Procedures:

All patients must give a **7 business day** notice to cancel or reschedule a procedure date. For office procedures we require a **\$250.00/\$500.00 dollar deposit** to schedule the appointment date. The deposit will not be refunded for noncompliance.

All deposits will go towards the total cost of the procedure.

Scheduling Cosmetic Surgery Dates:

For all cosmetic patients, we require a **\$500.00 dollar deposit** to be paid at the time the surgery date is scheduled.

Final payment must be made **two weeks** prior to the surgery date. All cosmetic surgery patients must give a **7 business day** notice to cancel or reschedule a surgery date. The \$500.00 fee will not be refunded for noncompliance.

Series:

Once you have agreed to a treatment series we require that the entire package be paid in full before your first treatment.

Series cannot be transferred to another form of treatment once the series has begun.

Returned Checks:

If a check is returned to our office for any reason there will be an additional handling fee of **\$35.00** dollars.

Refunds:

We do not give cash or credit refunds for any reason.

Guarantees:

We do not have a guarantee on any products sold. You must contact the company of the product in regards to their return policy.

Dear Patients:

As a courtesy to the staff and other patients please try to limit the number of people you bring with you to your appointments.

Our seating areas can be limited at times, if possible please try not to bring more than one or two people with you.

Children under the age of 18 must be accompanied by an adult at all times; they cannot be left alone in the waiting areas.

I have read the above policies and agree to comply with them.

Patient Signature: _____

Date: _____