STRAITH CLINIC

A FOREFRONT PRACTICE

Patient Name: _____ Date of Birth_____

Patient Communication & Financial Policies

The following are policies of Forefront Dermatology, S.C. and its affiliated practices ("Forefront"). Signature is required before services can be provided.

Patient Communications: In Forefront's discretion, information of a confidential nature may be left on your voicemail or answering machine at the preferred number(s) you have provided to Forefront or with a friend or family member who answer the telephone at one of the preferred numbers or at your residence and who can verify your address and date of birth. Such message may include, without limitation, reminders of upcoming scheduled appointments or answers to medical questions you may have inquired about to our staff. Forefront may also communicate with you via e-mail, text message, or post card to your home address provided such method complies with applicable HIPAA communication standards.

Research: I authorize Forefront to contact me regarding any research study in which I may be eligible to participate relating to my care.

Financial Responsibility:

Scheduling and Payment For surgeries scheduled, a nonrefundable $500 deposit is required to hold the surgery date and the full amount is due 30 days prior to the scheduled surgery date. For any surgery scheduled less than 14 days in advance, amount will be due in full to hold the surgery date. **Failure to pay in full 14 days in advance will result in cancellation of your surgery and forfeiture of your deposit.** The remaining amount can be paid by cash, check, ACH debit, credit/debit card, or applicable financing options (Care Credit).

Cancellation Policy In addition to the nonrefundable deposit, the following cancellation fees will apply:
2 Weeks' Notice – 20% of surgeon and operating room fee
1 Weeks' Notice – 50% of surgeon and operating room fee.
A $500 cancellation fee will apply if surgery is rescheduled more than once.

Revisional Surgery If touch-up, redo, emergency, or revisional surgery is necessary or desired, facility charges (including but not limited to operating room, anesthesia, and/or supply charges, i.e., implants) will be the patient's responsibility whether revisional surgery is performed in our office operating room, another surgical center or the hospital. The Surgeon's fee for revisional, emergency, or touchup surgery will be determined on an individual basis. Determination of fees may also be dependent upon patient compliance with followup visits and instructions.

Insurance Straith Clinic, a Forefront Practice, does not accept any insurance payments for cosmetic procedures or services provided. **Each patient is personally responsible for their account regardless of insurance coverage and/or prior authorization.**

Consultation/Post Operation Appointment All cosmetic consultation visits and post-op appointments are complimentary.

Reminder, please review the accepted forms of payment for payments as referenced above. Please note that personal checks or business checks are not accepted at this time.

_____ _____

Patient Signature **Date**

The undersigned hereby provides consent as the parent or guardian of the above referenced minor patient.

_____ _____

Parent or Guardian Signature/Date **Relationship to Patient**