

General Cancellation Policy:

A credit card will be placed on file to hold any appointment you schedule with us. This credit card would be charged \$50.00 if there was a no-show or cancellation w/in 2 business days of your appointment. We do run a cancellation list for our team of providers, and this would allow us time to book another patient if you are unable to make your appointment. We are happy to ensure you are set up for appointment reminders via email and/or text, this will allow plenty of time for you to call the office and reschedule an appointment if you find you have a conflict.

Cosmetic Surgery Scheduling

Patients scheduling cosmetic procedures are required to pay a NON-REFUNDABLE surgery deposit BEFORE scheduling their procedure. The surgery deposit is equivalent to 25% of the total quoted procedure cost. The surgery deposit will be applied to the total quoted procedure cost leaving a remaining balance that must be paid 14 days BEFORE their scheduled procedure. If the balance is not paid within 14 days of the scheduled procedure, the surgery may be cancelled or postponed.

If a patient wishes to use Care Credit for surgery the deposit must be made in another form of payment such as cash, certified or cashier's checks, Visa, MasterCard, American Express or Discover. The balance of the procedure can then be charged to the Care Credit card no later than 14 days prior to surgery.

Cosmetic Surgery Cancellation

For the safety and well-being of our patients, Dr. Coley reserves the right to cancel or reschedule a cosmetic procedure, if he deems it to be medically necessary.

Patients cancelling their cosmetic procedure will receive a refund for their surgery but will not receive a refund of their surgery deposit (25%). A credit will be issued for those patients who cancel their cosmetic procedure, which can be applied toward the cost of a future surgery, products, or other cosmetic services. After 6 months, this credit will be forfeited to the practice. **NOTE:** We understand emergencies or other extenuating circumstances may arise that may cause need for a patient to cancel their cosmetic procedure. Dr. Coley and his Office Manager will evaluate the circumstance on a case-by-case basis to determine the proper course of action.

My signature below indicates that I understand and agree to the above policy.

Patient Signature: _____ Date: _____