

# Ava Hair Restoration & Med Spa

## Patient Agreement of Financial Responsibility:

My physician has notified me that my health insurance carrier may not cover provided treatments. I agree to be personally and fully responsible for payment of these services which are due at the time of service.

## Cancellation Policy:

This office has a strict cancellation policy to protect your needs for an appointment. You will be charged a \$75 fee for failing to show up within 15 minutes of your appointment time or canceling within 72 business hours which is 3 business days (Mon-Fri 8:30am-5pm).

This fee is to encourage our patients to take their appointments as seriously as we do. When you make an appointment with us, we reserve that time especially for you and don't double book slots as we know that your time is valuable. This allows us to keep our prices at a reasonable level and accommodate you as soon as possible when you need an appointment.

We wouldn't want anyone to hold an appointments time that should be available for you. You will receive a reminder call for your appointment. As a courtesy to you, we will place a reminder call for you 3 business days prior to your appointment, however, this is not a requirement to enforce this policy. We ask that you respect our cancellation policy, as well as provide below a valid credit card for your file.

We remain available to discuss this policy in general or individual circumstances. We thank you for your understanding.

Credit card # \_\_\_\_\_ Exp \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date