



Policies

Financial Policy

We are committed to providing you the best possible care. To achieve these goals, we need your assistance and understanding of our payment policy.

Payment for services are due at the time services are rendered. We accept cash, Visa, MasterCard, Discover, American Express, and CareCredit. We will gladly discuss your proposed treatment quote and answer any questions you may have

I understand and agree that I am responsible for the balance on my account for any cosmetic and/or medical services rendered. I acknowledge that if I fail to pay the balance due on this account within ninety (90) days after written request. If judgement is rendered against me, in addition to the principal balance due, I shall be liable for reasonable attorney fees, legal interest from date of judicial request, until paid, plus costs of court. In the event this account is referred to an attorney or outside collection agency for collection, I agree to pay reasonable attorney/collection fees for the prosecution and collection of such claim. I certify that I understand and will adhere to Davis Dermatology's Financial Policy. _____ (*Patient Initial*)

Prescription Policy

- Most prescriptions are written with refills. Please contact your pharmacy first to determine if you have any remaining refills.
- Follow-up evaluations are required to obtain prescription refills beyond the initial prescription and its refills. Please schedule follow-up appointments early so as not to run out of your medications.
- For patient safety, prescriptions will not be refilled if patient has not been seen in a medical appointment in the last 3 months for pills and last 6 months for topicals (i.e. creams or gels). We apologize for any inconvenience as no exceptions to this rule will be granted. Prescription refill requests are addressed as soon as possible but may take up to 48 business hours.
- Cosmetic appointments not related to medical conditions are not considered "follow-up" appointments for medical conditions.
- Cosmetic patients requesting prescriptions for medical conditions must be checked in as a medical patient and will be assessed a medical visit fee at a reduced rate.
- Isotretinoin (Accutane) requires monthly in-office follow-up appointments.

I certify that I understand and will adhere to Davis Dermatology's Prescription Policies. _____ (*Patient Initials*)

Cancellation Policies

We understand appointments can be missed due to emergencies or other obligations. Please make sure to call if any appointment changes are needed within the appropriate time frame in order to avoid a cancellation fee.

- *Medical/Cosmetic Appointments* – 48 business hours' notice of cancellation is required to avoid \$50 cancellation fee.
- *Procedures/Surgeries* – 72 business hours' notice of cancellation is required for procedures to avoid cancellation fee of ½ the amount of procedure cost.
- *Late Arrivals* - If a patient is more than 15 minutes late, we reserve the right to shorten or reschedule appointment, so as not to inconvenience other patients. Late patients may be worked into the schedule, but may experience a longer than usual wait time.
- *Confirmation Texts/Calls* - Automatic text reminders will be sent 7 days prior to your appointment and again 3 days prior to your appointment. We also make every effort to call and confirm all appointments 24 hours in advance. However, these reminders are a courtesy and the office cannot be responsible for unconfirmed or missed appointments.

I certify that I understand and will adhere to Davis Dermatology's Cancellation Policies. _____ (*Patient Initials*)

Patient Name (PRINT)

Patient/Guardian Signature

Date