ADVANCED AESTHETICS
LOPEZ PLASTIC SURGERY

Refine · Rejuvenate · Restore

I, _____ have insurance coverage and assign directly to Facial & Oculoplastic Surgery Center of Texas all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

NO SHOW POLICY

1st No Show Appointment- the patient will receive a phone call informing them they missed their appointment without a 24 hour notice, we will try to re-schedule the appointment.

2nd No Show Appointment- the patient will receive a phone call informing them they have now missed two (2) appointments without notifying the office, they will be charged a non-refundable deposit of $50.00. It may be used towards your next visit.

No Show For Surgery- the patient will receive a phone call informing them they missed their surgery without a 48 hour notice, we will try to re-schedule. The patient will be charged a non-refundable deposit of $200.00. **This policy does not apply to Cosmetic Patients**

MEDICAL RECORDS FEE

- Medical Records: Doctor to Doctor release- No Charge.
- Medical Records: Patient request- $25.00 for 1-25 pages; .50 cents per additional page.
- Medical Records: Attorney's, Legal Matters, Insurances, Etc.- $50.00
- FMLA/Disability forms to be filled out- $25.00

I have read this questionnaire and disclosed my medical history to the best of my knowledge; I have reviewed and accept the office policies.

Patient Signature:_____Date:_____