

The Center for Cosmetic Surgery & Rejuvenate!

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Appointment Confirmation and Cancellation/No Show Policy

Initials

The practice will use your information to remind you about upcoming appointments. Both an e-mail as well as a text message will be sent to you to confirm your appointment. Failure to confirm your appointment may result in losing the time allotted for you to meet with our providers.

If you cancel or reschedule within 24 hours of your appointment, or fail to come to your appointment/consultation, a no show/cancellation fee will apply. A fee of \$75.00 will be charged to all Center for Cosmetic Surgery patients and a fee of \$50 will be charged for all Rejuvenate patients.

Use and Disclosure of Information

Initials

I authorize the person(s) listed below to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at The Center for Cosmetic Surgery or Rejuvenate!

Name and Relationship to you

Name and Relationship to you

_____ I do not authorize my information to be disclosed to any other parties except to me as the patient.

You may revoke or terminate this authorization by submitting a written revocation to The Center for Cosmetic Surgery or Rejuvenate! You should contact the PRIVACY OFFICIAL or other authorized representative to terminate this authorization

Insurance Policy

Initials

The Center for Cosmetic Surgery and Rejuvenate! is not in network with any insurance carriers. Our policy states we will not submit any paperwork to insurance companies, i.e. letters, codes, etc, on behalf of the patient.

I understand that it is my sole responsibility to provide any necessary documentation if seeking insurance reimbursement.

Privacy Practice Notice

Initials

Our Notice of Privacy Practice (Notice) provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgement. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy. By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice. By signing this form, you also acknowledge that a copy of our Notice can be provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Patient Signature

Date

Please initial each paragraph.