

**ELECTROLYSIS CENTER
OFFICE POLICY**

Payment

Payment is expected at the time of services. You will be billed for the appointment time that was scheduled. We accept all major credit cards, debit cards, including FSA, HSA payments, cash, Venmo & Zelle. There is a \$3 surcharge on all credit, debit and FSA & HAS cards.

Cancellations

We request that you give at least 24 hour notice for 1 hour or shorter appointment and at least 48 hour notice for over 1 hour appointments. This time is reserved exclusively for you and we would like to be able to fill it if you cannot make it to your appointment.

Appointments NOT cancelled at least 24/48 hour notice a minimum of \$40 or 50% of your appointment fee (whichever is higher) will be charged to your credit card on file and/or billed on your next appointment.

If an emergency happens and you have to cancel less than 24/48 hours, we understand. If it becomes a regular problem or if you do not call or show up for your appointment more than twice in a one-year period, you will have to pre-pay to get an appointment and forfeit the payment if you do not show up for your appointment without adequate notice.

All Saturday and Sunday appointments will be charged a missed appointment fee if you do not show up or cancel with less than 24/48 hour notice.*

If you have symptoms of COVID-19 or if you have been in close contact with someone that is positive, please reschedule your appointment as soon as possible. COVID related cancellations are exempt from our policies as long as you do not abuse them.

*Insurance patients with two (2) or more missed/no show appointments will be removed from our services.

Late Arrivals

Each time slot is reserved for the person in it. If you arrive late, we will try to accommodate your full appointment, however, if we cannot do so your time will be shortened accordingly. Since the missed time is time that we could not allocate to another person, we reserve the right to charge the price of your full appointment.

I have read the above information and understand the above office policy.

Name

Signature

Date