

Appointment Policy 2026

We aim to provide comprehensive and efficient, high quality aesthetic and dermatologic care for all of our patients. This is accomplished by maintaining an optimized patient flow, providing timely and accessible patient care.

Appointment times are reserved for patients considering their needs first. If you are unable to keep your appointment or arrive within the grace period of timely arrival, we ask that you notify our office. Failure to send timely notification will result in a cancellation, rescheduling, or missed appointment fee.

If you are unable to keep an appointment for any reason, we ask that you kindly provide us with a minimum notice as listed below:

- Late arrivals: In the event that you arrive 15 minutes or more after your scheduled appointment time, you will be given the option to wait for an opening in the schedule to be seen or reschedule your appointment. If you choose to reschedule your appointment to a different date, you will incur a charge of \$175.

- Regular appointment: In the event that you no-show, reschedule, or cancel less than 24 business hours prior to your scheduled appointment, you will incur a charge of \$175.

- Procedure/Surgical/Injectable/Lasers appointments: In the event that you no-show, reschedule, or cancel less than 72 business hours prior to your appointment, you will incur a charge of \$350.

Our office will send an automated text and email appointment reminder to the cellphone and email address we have on file. However, it is your sole responsibility to remember, confirm or reschedule your appointment and arrive for the appointment as indicated above.

Cancellation or missed appointment fees are not covered by insurance and must be paid in full on the day of service. Payment will be processed with your credit card on file on the day of the cancellation, reschedule, or no show to your appointment.

If payment is not processed successfully, you will be billed, and we can resume your care upon paying for the incurred fee. Failure to pay this bill will result in being turn into collections.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

By signing below, you acknowledge that you have received and understand this notice and will abide by this policy.

Patient or Legal Guardian
DOB: