



Cancellation Policy/ No Show Policy

We understand that situations arise in which you must cancel your appointment. If you must cancel your appointment, we request that you cancel at least 48 hours in advance. If an appointment is not cancelled in a timely manner, it leaves us insufficient time to adjust our schedule, and prevents another patient from getting needed treatment. Additionally, the large block of unused appointment time represents a significant added expense to our practice.

If an appointment is not cancelled at least 48 hours in advance, or if you simply do not attend your scheduled appointment ("no-show"), you will be charged a \$100 fee to your credit card on file. This fee is the sole responsibility of the patient and must be paid prior to scheduling any future appointments.

I, _____, authorize Newport Beach Center for Plastic Surgery to run my credit card for noncancellation or no show fees.

PATIENT NAME: _____

CARDHOLDER NAME: _____

VISA OR M/C #: _____

EXP ___ / ___ **CVC:** _____ **BILLING ZIP CODE:** _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

Signature: _____

Other Policies

Rescheduling: We understand that delays can happen. However, due to the nature of our business, if a patient arrives more than 15 minutes late, we may need to reschedule the appointment.

Account Balances: It is our office policy that patients with an outstanding balance or past-due balance must pay their account balance in full prior to receiving further services by our practice.

Patients who have questions about these policies or their account are encouraged to call the office and speak to our office manager.

We appreciate your understanding. Thank you for being a patient of Newport Beach Center for Plastic Surgery.

By signing this document, I understand the Cancellation, No Show, and other Policies for Newport Beach Center for Plastic Surgery.

Name (Please Print): _____

Signature: _____

Date: _____