



**BOULDER
PLASTIC
SURGERY**
& IV Seasons Skin Care

The Beauty of You™



**IV SEASONS
SKIN CARE**
BY BOULDER PLASTIC SURGERY

Financial Policy/HIPAA Acknowledgment Form

Thank you for choosing IV Seasons Skin Care/Hans Kuisle, M.D. We ask that you carefully read and sign this *Policy and Disclosure*.

I, _____ (Print Name) have been given the opportunity to read a copy of IV Seasons Skincare’s Notice of Patient Privacy Practices obligations and Financial Policy

1. May we leave appointment information on your answering machine or cell phone? Yes No

Initial Proof of Covid 19 Vaccination Status or a negative Covid 19 test within 72 hours of treatment will be required for treatment at IV Seasons Skin Care.

Initial We require a valid credit card on file to hold your appointment, place a deposit for a scheduled treatment or charge your credit card for cancellations as outlined below.

AUTHORIZATIONS

Credit Card Information:

You will be asked to give us your credit card information when you schedule your treatment or consultation, and it will be kept on file unless you advise us otherwise.

Self-Pay Financial Policy:

I understand, as a self-pay patient, that I am responsible to pay the bill at the time the services are rendered. For scheduled appointments and outstanding balances must be paid prior to the visit.

Appointment Cancellation: Procedure or Treatment

Please be courteous and call IV Seasons Skin Care promptly if you are unable to attend an appointment for a procedure or treatment. If it is necessary to cancel your scheduled appointment, we require that you give at least **48 hours** notice. Less than 48 hours notice doesn’t allow us to offer an appointment to another patient in need. There could be up to a \$500.00 charge depending on your procedure or treatment if you fail to show or cancel with less than 48 hours notice for your scheduled appointment. Unavoidable circumstances may warrant special consideration, but please note that the above charges will apply to most cancellations. This charge may be forfeiture of the deposit paid for higher value procedures.

Appointment Cancellation: Consultation

Please be courteous and call IV Seasons Skin Care promptly if you are unable to attend an appointment for a consultation. If it is necessary to cancel your scheduled appointment, we require that you give at least **48 hours** notice. Less than **48 hours** notice doesn’t allow us to offer an appointment to another patient in need. There will be a \$100.00 charge if you fail to show or cancel with less than 48 hours notice for your scheduled appointment. Unavoidable circumstances may warrant special consideration, but please note that the above charges will apply to most cancellations.

The information requested on this form must be completed in its entirety and will remain confidential.

X _____ X _____ X _____
Signature **Print Name** **Date**