Miami Skin and Vein

2020 Ponce de Leon Blvd, Suite 103
Coral Gables, FL 33134
(786) 618-5039
info@miamiskinandvein.com

CLINIC POLICIES

Payment Policy
Payment is due in full at the time of service. We accept cash, Visa, Mastercard, American Express, and CareCredit. We DO NOT accept checks. A valid government issued photo I.D. required.

Appointment Policy
We charge $200 for a new patient consultation and $100 for established patient consultation. An established patient is defined as a person who has been seen in our clinic within the past 12 months. The consultation fee is charged at the time the appointment is made and can be applied to a procedure on the same day or within a 30-day window after the consultation.

If you are unable to make your appointment, please call at least 24 hours in advance (or before Friday 5PM for Monday appointments) to cancel the appointment. Failure to do so will result in a $100 "No Show/Late Cancellation"' fee. This policy also applies to follow-up appointments. There will be no exceptions to this policy.

If you arrive more than 15 minutes late to your appointment arrival time, you may be asked to reschedule your appointment and you will be charged a "no show/late cancellation" fee or forfeit your deposit.

New patients must present a valid government issued photo I.D. prior to being seen.

All skincare products and prescription items purchased in our office, opened or unopened, are non-refundable.

Credit Card on File
To streamline and improve the scheduling and billing process, we ask that all our patients have a credit card on record which we will utilize to charge the following:

- No show/late cancellation fee - $100
- New patient consultation fee - $200
- Established patient consultation fee - $100
- Appointment deposit - $100 (established patient); $200 (new patient)
- Cost of cosmetic procedures and services rendered on the day of service
- Skincare product purchases - purchased in the office or by phone

Your credit card information is not kept on file in our office. It is stored securely offsite in a PCI compliant gateway maintained by our credit card processing company. It is not accessible or visible to anyone after it is entered into the system.

By signing below, you agree with the following statements:

- I hereby authorize Miami Skin and Vein LLC to charge my credit card on file per the above policy.
- I accept financial responsibility for all expenses incurred and agree that I am responsible for payment.
- I authorize the release of any information required to obtain payment.
- I have read and understand this policy in its entirety and my questions have been adequately answered.

Signature _____ Name _____ Date _____

Form last updated on March 28, 2022

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HIPAA PRIVACY NOTICE

Our *Notice of Privacy Practices* provides information about how we may use and disclose protected health information about you. The Notice contains a patient rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office or visiting our website.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The practice has a Notice of Privacy Practices and that the patient can review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information, but the Practice does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will cease.
- The Practice may condition treatment upon the execution of this Consent.

Signature _____ Name _____ Date _____