ELITE SKIN MD
SPECIALISTS IN LASER & SKIN SURGERY

Office & Financial Policies

Dr. Lu and the staff at Elite SkinMD are committed to providing you with high quality personalized care. Our office and financial policies are in place so that we can continue to provide you with the care you deserve. Please read our policies below to avoid any misunderstandings at your appointment.

1. **Check-in and Check-out:**
   - If you are a new patient, please arrive at least **15 minutes** before your appointment to complete your paperwork and health questionnaire so that we may better treat you. You may also fill out the forms on our website and print them out to bring to your appointment. If you are an established patient, you can update your information through the Patient Portal on our website.
   - You must have your insurance card to be seen.
   - If you need a **referral** to see a specialist, you must obtain this prior to your appointment or you may be rescheduled.
   - Please be prepared to pay for the current visit as well as any balances on your account. Payment of co-pays, coinsurance, deductibles, or fees for cosmetic services will be required at the time of service. We accept most forms of payment, you can also pay online via our website, and we participate with Prosper Healthcare Lending.

2. **Late arrivals**: We understand that life happens and sometimes you may run late for your appointment. If you are more than 15 minutes late, it will be up to the doctor's discretion if you can be seen that day, or if you will be rescheduled.

3. **Cancellations and Rescheduling an appointment**
Please remember that appointments are in high demand and your appointment was reserved specifically for you. When you give us early notice of a cancellation, it gives another patient the opportunity to be treated.

   - If you need to cancel or reschedule a Medical Dermatology or Surgery appointment, we require **24-hr notice**
   - If you need to cancel or reschedule a Cosmetic Dermatology or Laser appointment, we require **48-hr notice**
   - To cancel or reschedule your appointment, please call **908-787-8088**. Please make sure you speak to the receptionist during our regular business hours or leave a detailed message if after hours.
   - Late cancellations will be considered a No-Show and a **missed appointment fee** will be charged.

4. **No Shows**
   - You are considered a No-Show if you do not cancel or reschedule your appointment according to our policy above
   - Missed Medical Dermatology and Surgery appointments incur a **$50 missed appointment fee**
   - Missed Cosmetic Dermatology or Laser appointments incur a **$100 missed appointment fee**

5. We require a valid credit card on file to guarantee your appointment. If you are unable to provide a valid credit card, we will not be able to schedule your appointment. **Missed appointment fees will be charged to your credit card on file.**

6. We require a **non-refundable** deposit for Cosmetic Dermatology services at the time you make your appointment. Most Cosmetic Dermatology services require a **$50 deposit**. Fraxel laser requires a **$100 deposit**.

7. **High deductibles:** If you have a high deductible insurance plan and need surgery, you will be responsible for 50% of estimated charges at the time of service. Any additional patient responsibility following insurance processing will also be your responsibility. We accept most forms of payment and also participate with Prosper Healthcare Lending.

8. **Refund Policy:** There are **no refunds** on skincare products and cosmetic procedures. We accept exchanges or account credit on retail products if there is an adverse skin reaction. If you need assistance in selecting a product, we are more than happy to assist you. We are committed to ensuring that you are satisfied with your cosmetic results. However, medicine is not an exact science and we do not and cannot guarantee a particular outcome for all patients since each person is an individual and may experience varying results.

My signature below shows that I understand and agree to the policies above and my questions have been answered.

Patient Signature _____ Date: _____