

Financial/Cancellation Policy

We consider it a privilege that you have chosen us for your surgical and aesthetic goals. We strongly believe that an informed patient is important to our professional relationship. Therefore, the following Patient Financial/Cancellation Policy has been outlined to ensure understanding.

Physician Consult for Surgery/Procedures

Our fee is \$150.00. Non-emergency cancellations or re-schedules require a 48-hour notice. Appointments canceled or re-scheduled with less than 48 hours' notice will result in a charge of \$100.00. No-shows will result in a charge of \$150.00.

Nurse Practitioner Office Visit/Consult

Our fee is \$85.00. Non-emergency cancellations or re-schedules require a 24-hour notice. Cancellations with less than 24 hours' notice will result in a charge of \$35.00. No-shows will result in a charge of \$50.00.

Skincare Consult

Our fee is \$50.00. Non-emergency cancellations or re-schedules require a 24-hour notice. Cancellations with less than 24 hours' notice will result in a charge of \$35.00. No-shows will result in a charge of \$50.00.

Spa Appointments

Non-emergency cancellations or re-schedules require a 24-hour notice. Cancellations with less than 24 hours' notice will result in a charge of \$35.00. No-shows will result in a charge of \$50.00.

CoolSculpting Treatments/Appointments

Cancellations with less than 24 hours notice or No-shows will result in a charge of \$100.00. A credit card must be on file to reserve and hold an appointment. If the cancellation policy is violated, your card on file will be charged and cannot be refunded or applied toward future appointments.

To Cancel or Re-schedule an Appointment

To cancel or reschedule an appointment, call our office at 251-344-7474. If calling after hours, please leave a voicemail. Do not use email, social media, or the website for cancellations or rescheduling.

A valid credit card is required to secure your appointment and will be safely stored in your patient account. In the event our cancellation policy is not followed, the card on file will be charged accordingly. All charges are non-refundable and cannot be applied to future visits.

Patient Printed Name _____

Patient Signature _____ Date ____/____/____

BARBER
Facial Plastic Surgery