

Fairlawn Dermatology, LLC.
55 Merz Blvd., Ste. A
Fairlawn, Ohio 44333
330-864-9000

Secret Pro Financial Agreement

The patient is financially responsible for all cosmetic procedures. This office does not bill for cosmetic procedures.

I _____, state that I have requested a cosmetic procedure to be performed, and I understand and agree to the following:

- I am financially responsible for the full cost of the procedure. No refunds will be issued after the procedure is complete.
- The office does not bill insurance companies for cosmetic procedures.
- The consultation, specific to RF Micro-needling/CO2 laser only, is \$50.00 and is not applied towards the cost of the treatment. If I decide not to have the treatment, I understand that the amount will not be refunded.
- I am to pay \$500.00 up front upon scheduling the procedure, and the remaining balance will be due in full, upon checking in, prior to the treatment. I may pay by Visa, Mastercard, Discover, cash or personal check.
- Unless a package is purchased, a \$500.00 deposit will be required to secure any future appointments.
- A Laser Pro treatment must be completed within one year of the \$500.00 deposit or the amount will be forfeited. This deposit can't be used for other services or products.
- I understand that if I cancel my appointment less than forty-eight (48) hours before the scheduled appointment time, I forfeit the cost of the treatment that was scheduled.

Responsible Party Signature

Date

Witness Signature

Date