Financial & Insurance Policy

Review carefully before scheduling an elective service.

ELECTIVE SERVICES

Labia Cosmetica provides primarily elective cosmetic services. The practice does not participate with or accept assignment from health insurance plans for elective cosmetic services. The patient is responsible for all charges.

At the patient's request, the practice may provide an itemized receipt or assist with submitting available claim documentation. This courtesy does not guarantee coverage, establish medical necessity, constitute preauthorization, or promise reimbursement. The insurer alone determines benefits. The patient remains financially responsible regardless of the insurer's decision.

ESTIMATE AND PAYMENTS

- [ ] I will receive a written estimate before scheduling.
- [ ] I understand the estimate may include separate surgeon, facility, anesthesia, laboratory, garment, medication, or pathology fees.
- [ ] I understand additional medically necessary care or revision treatment may create additional charges.
- [ ] I understand financing approval, interest, and repayment are governed by the financing company's agreement.

Quoted procedure(s)

Estimate date

Deposit amount

Balance due date

CANCELLATION / RESCHEDULING TERMS

Practice to insert approved deposit, cancellation, rescheduling, refund, and chargeback policy before patient use

ACKNOWLEDGMENT

- [ ] I have had the opportunity to ask questions and agree to the written financial terms supplied to me.

SIGNATURE

Printed name

Date

Signature (sign after printing or use an approved e-signature workflow)

By signing, I confirm that I reviewed this form and that the information I provided is accurate to the best of my knowledge.