

Dermatology and Skin Cancer Specialists, PSC

Nicole V. Brey, MD
2200 East Parrish Ave.
Bldg. E, Suite 205
Owensboro, KY 42303

Cosmetic Services Agreement

I, (patient name) _____, am having a cosmetic procedure known as _____ performed on (date) _____.

I understand and agree that:

- * the **full fee** for cosmetic procedures is due at the time of service.
- * fees for cosmetic procedures, including, but not limited to, laser procedures, sclerotherapy, skin tag removal, botox, and facial fillers will not be filed with my insurance company.

I understand that if I receive services relative to any other problem or condition on the day of my cosmetic procedure, I and/or the insurance company will be responsible for these additional charges (including office visit and/or any additional services rendered).

I agree with this statement and understand that I am financially responsible for any and all charges incurred for any treatment that is of a cosmetic nature. I also understand that in the event of a laser procedure, the cost of the laser equipment is not covered by insurance and I am responsible for this charge as well.

Patient Signature

Witness

Date