



## Premier Stem Cell Institute Financial Policy

### Scheduling:

A scheduling and book fee is due at the time of your procedure is scheduled and will be applied to the total cost of your procedure. Half the cost of the procedure is due at the time of scheduling to secure the appointment time and availability of the doctor.

### Rescheduling:

If you reschedule your procedure more than 21 days before your procedure date, a rescheduling fee will not be incurred. If the need arises to reschedule within 21 days of the date of the procedure, a \$150 non-refundable rescheduling fee will be assessed for all procedures.

If the need arises to reschedule your procedure, more than one time, for each subsequent reschedule you will incur the charges listed above, as well as an additional non-refundable charge of \$250 each time.

### Payment:

Payment for you're the remainder of you procedure is due in full the day of the procedure date. We accept the following forms of payment: Cashier's Check, Money Order, Visa, Master Card, Discover, American Express, and HealthCare Direct Financing.

Your quote includes your consultation and pre-procedure visit, 10 day supply of medication, as well as all post procedure care for up to one month including: choice of 2 cold laser treatments or 2 Massage sessions for up to 30 minutes and post procedure education. Any necessary laboratory, x-ray, EKG testing, and other medical testing are not included and is your sole responsibility.

### Cancellation:

Should you cancel your procedure within 21 days of your scheduled procedure date, you will **immediately forfeit \$500** of your scheduling and booking fee. Should you cancel your procedure prior to 21days before your scheduled procedure date, **you immediately forfeit a \$150.00** of your scheduling and booking fee.

**If any fees are forfeited as outlined in this policy, they cannot be applied to future procedure costs.**

### Day of Procedure Rescheduling/Cancellations:

On the day of your scheduled procedure, should the need arise for your procedure to be rescheduled due to any of the following: non-disclosed medical issue, eating/drinking the morning of the procedure, or other controllable factors, you will incur all fees associated with the Rescheduling Policy outlined above.

**If any fees are forfeited as outline in this policy, they cannot be applied to future procedure costs.**

**My signature below indicates that I understand and agree to the above policy.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_