



Beauty, laser & wellness center
Monica Bonakdar, MD

PRACTICE POLICY

A WORD FROM DR. MONICA BONAKDAR

Welcome to Beauty, Laser and Wellness Center. We are pleased to have you as our client. Our practice mission is to provide you with **exceptional care in a warm and friendly atmosphere**. The following policies have been created to ensure an efficient and professional practice.

EXCLUSIVE APPOINTMENT SCHEDULING

1. It is with pride and pleasure that we inform you of Beauty, Laser & Wellness Center's Exclusive Appointment Scheduling Policy. This policy ensures that your appointments are exclusively booked for you alone, thus you will not experience long waits and you will not be rushed during your appointment.
2. As a result of this Exclusive Appointment Scheduling, any missed appointments, cancellations or late reschedules incur a considerable cost to the practice and will be passed on to you and charged on your credit card on file.
3. In order to avoid such a fee, we ask that you do not miss any of your appointments or cancel any of your appointments and always give us at least 24 hours notice when rescheduling your upcoming appointment.
4. You will receive a courtesy text and email to remind you of your upcoming appointment 48 hours in advance. But regardless of any reminders, showing up for your appointment is your responsibility.

COSMETIC SERVICES

1. Full payment is required at the time of service.
2. Beauty, Laser & Wellness Center has a strict no refund policy. This policy extends to services already rendered as well as deposits on upcoming services, balances paid on upcoming services, pre-paid packages, and cancellations of upcoming services.

PAYMENT & FINANCING OPTIONS

1. Beauty, Laser & Wellness Center accepts cash, Visa, MasterCard, American Express and Discover.
2. Beauty, Laser & Wellness Center offers CareCredit, a quick and convenient six month no-interest financing option. If you are interested in CareCredit financing, please inform us and we will be glad to assist you.

FINANCIAL INFORMATION

You must have a current credit card on file with our office.

Name: _____ Credit Card #: _____

Expiration Date: _____ CVV Code: _____ Zip Code: _____

INSURANCE

1. This practice is not contracted with any insurance companies and full payment is required at the time of service.

PRESCRIPTIONS AND REFILLS

1. Dr. Bonakdar writes all prescriptions and refills at the time of your office visit. You will be given enough refills to last you until your next appointment. No additional refills should be needed in between appointments.
2. If you have a medication request refill in between appointments, your request will be given to Dr. Bonakdar for review. At her discretion this request may or may not be approved.
3. There is a fee of at least \$25 for all requests approved and is payable at the time the request.

PHONE TREATMENTS

1. Dr. Bonakdar may offer phone consultation/treatment for any uncomplicated medical problems.
2. If you have a phone consultation/treatment request, your request will be given to Dr. Bonakdar for review. At her discretion this request may or may not be approved.
3. There is a fee of at least \$50 for all requests approved and is payable at the time of the request.

PRIVACY POLICY

This office follows HIPPA regulations regarding the privacy of your personal information. By signing below, you acknowledge that you have been informed of our compliance. You may request a copy of our detailed Notice of Privacy Policies.

I have read these policies and agree to follow them.

Patient/Responsible Party Signature

Date

Would you like a copy of this form? **Yes, please** **No, thank you**

Staff Initial