

OAKBROOK TERRACE DERMATOLOGY ASSOCIATES

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Financial Agreement for Cosmetic Procedures

Patient:

There are items and services which fall into the category of cosmetic (medically unnecessary services) which will not be billed to your insurance company. Payment will be expected at the time of service and receipt will be given to you.

Signing this document will verify the following:

- **I am financially responsible for the full cost of the procedure.**
- **The physician's office does not bill insurance companies for cosmetic procedures.**
- **I am to pay the cost of the procedure the day of service.**
- **No insurance discounts are applied to cosmetic procedures.**

Procedure: _____

Patient Signature:

Date: