



CENTER FOR LASER  
AND AESTHETIC MEDICINE

## CONDITIONS OF SERVICE

Thank you for choosing The Padda Institute - Center for Laser and Aesthetic Medicine for your treatment and care. The following are our established Conditions of Service that will be followed in resolving all issues for services rendered by Gurpreet Padda, MD and staff.

Due to the cosmetic nature of the procedures and services provided, results are not guaranteed.

### *CONSENT TO TREATMENT*

The patient identified below consents to the examinations, treatments and procedures which may be performed while under the care of Gurpreet Padda, M.D. and/or his staff, which may include but is not limited to medical/surgical examinations, treatments, and/or local and tumescent anesthesia under the general and special instructions of the patient's physician or surgeon.

### *PAYMENT*

Payment in full must be received prior to scheduling.

All payments made to The Padda Institute - Center for Laser and Aesthetic Medicine are non-refundable.

### *RETURNED CHECK POLICY*

If a check or "e-check" is returned unpaid and/or declined for any reason (insufficient funds, stop payment or account closed), a \$ 50.00 service charge will be applied for each occurrence in addition to any and all bank charges incurred by The Padda Institute as a result of the patient's returned check. Notification will be sent via US Certified Mail to the address on the check as well as the address on Patient Medical History (if different from address on check). The original payment amount plus a \$ 50.00 service charge must be paid within 14 days to The Padda Institute via certified cashiers check or money order. If certified payment is not received within 14 days, collective action will be taken. The patient will be responsible for any and all collection fees required. "Fees" shall include but are not limited to any and all court costs, any and all attorney fees, any and all filing fees, and all fees arising from counter-suit fees.

### *RE-SCHEDULING/CANCELING APPOINTMENTS*

I understand that I am responsible for notifying The Padda Institute at least 24 hours before my scheduled appointment if I am unable to keep said appointment.

In some instances, unforeseen circumstances arise and a 24-hour notice is not possible. We are very understanding of instances such as these. However, after a patient has had two (2) "No Call - No Show Appointments", they will be charged a \$50.00 cancellation fee that will be due and payable at their next visit before any further treatment can be performed.

Patient Initials \_\_\_\_\_

**PERSONAL VALUABLES**

It is understood and agreed that The Padda Institute shall not be liable for the loss or damage to any money, jewelry, documents, fur garments, dentures, eye glasses, hearing aids, prosthetics, or other articles of unusual value and small size and shall not be liable for loss or damage to any other personal property.

**CONSENT TO PHOTOGRAPH/VIDEOTAPING**

The Padda Institute is permitted to take pictures of the medical or surgical progress involving the patient and to use same for scientific, educational or research purposes. The patient consents to photography during medical or surgical procedures and the use of the same for scientific, educational or medical research purposes. The patient further consents to routine photography related to patient care.

**RELEASE OF INFORMATION**

The Padda Institute will obtain the patient's consent and authorization to release protected health information concerning the patient, in accordance with HIPAA regulations, except in those circumstances when The Padda Institute is permitted or required by law to release information. A "Notice of Privacy Practices" is available upon request.

**SEVERABILITY**

If any terms or conditions of this agreement are held by a court of law to be invalid or unenforceable, then this agreement, including all of the remaining terms and conditions, will remain in full force and effect as if such invalid or unenforceable term or condition had never been included. My signature below acknowledges that I have received a copy of this document and accept its terms.

**PRE-TREATMENT CONFIRMATION CALLS**

Our staff routinely telephones patients for confirmation 48 hours prior to their appointment. If we are unable to reach you, please telephone us 48 hours before your scheduled appointment to confirm the exact date and time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date