

COSMETIC CONSENT FORM

Insurance companies, including Medicare, will only pay for services that are determined to be “reasonable and necessary”. I understand that the provider of care has determined that the service provided today is cosmetic.

I understand that I am personally responsible to pay the charge for this service today. Furthermore, I understand that because this service has been deemed medically unnecessary, the charge will not be billed to my insurance company.

I also understand that the evaluation service and any other medically unnecessary procedures will be billed to my insurance, and I may receive a separate bill for any balance remaining.

Pathology services are billed separately, and while often covered by medical insurance, this cannot be guaranteed. We will submit your insurance information to the pathology lab. Any charges may apply to your deductible, in which case, you will be responsible for the balance.

Witness Signature

Date

**Patient/Agent/Guardian
Signature**

Date