



Southern California Center for Anti-Aging
Hormone Replacement Therapy | Medical Weight Loss
23823 Hawthorne Blvd., Torrance, CA 90505

GENERAL OFFICE POLICY

Welcome to Southern California Center for Anti-Aging we look forward to assisting you in your quest to improved health. This document contains important policy information that pertains specifically to you. Please read over the entire document, if you have any questions ask us.

Appointments + Cancellations

We consider an appointment to be an agreement between you and our office. This is a busy practice and we take pride in helping each and every person. If for any reason you need to and do not cancel your appointment your physician becomes unable to provide service to another patient during your scheduled time. You are responsible for keeping the appointment or giving us a 24-business hours notice of cancellation for **established** patient appointments. Should you decide not to keep the appointment without giving the appropriate notice, you will be charged a cancellation fee of \$50.00. This fee will be charged to the credit card that you have provided to Southern California Center for Anti-Aging. There will be no refunds under any circumstances.

_____ **Please Initial**

Payment

Southern California Center for Anti-Aging requires payment in full at the time services/products are rendered/sold. For your convenience we accept Check, Cash, Visa, Discover or MasterCard payments. There will be a \$40.00 fee for all returned checks.

_____ **Please Initial**

Insurance

The physician at Southern California Center for Anti-Aging is not a recognized provider for any insurance companies nor does Southern California Center for Anti-Aging submit claims to insurance companies on your behalf. We will however, provide you with the information necessary for you to submit your claim to your insurance company. This does not insure any coverage from your insurance company.

_____ **Please Initial**

Our office is open Monday to Saturday. There will be no one on call for emergencies on weekends, holidays or after 5:00pm weekdays. If you have an emergency, call 911, go to emergency room, or see your regular doctor. All messages left with the answering service will be returned the next business day.

_____ **Please Initial**

I have read this document completely and I understand and agree with all of its contents demonstrated by my signature below.

Patient Signature: _____ **Date:** _____

Printed Name: _____