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WAIVER FOR COSMETIC PROCEDURES

Physician notice

Your insurance carrier will pay only for dermatologic services that are designed to treat an illness or injury. Your carrier does not cover some or all of the services we render because they are cosmetic in nature.

Beneficiary agreement

I have been notified by my physician that my insurance carrier will not cover some or all of the services rendered for the reason stated above. Since I have been notified in advance of this determination, I agree to be personally and fully responsible for payment for services rendered by my physician.

I understand that my doctor will not file a claim for any service considered to be cosmetic.

I understand and agree that the charges for any cosmetic service must be paid in full by me.

Beneficiary signature

Date