Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

LASER TREATMENT AGREEMENT

I (print)____ have been notified and fully informed that the procedure to be done is a cosmetic procedure as defined by the insurance industry. I understand that cosmetic procedures/services are determined to be "not medically necessary". Neither I, nor anybody on my behalf, may file this procedure with any insurance company for payment or reimbursement. I hereby agree to be held personally and fully responsible for payment.

.

I understand that payment is due in full at each visit. Any additional procedures done at my request during the visit will be billed accordingly. The payments for the procedures are non-refundable.

I have read and understand the above stated policy.

Patient Signature:______________________________Date:__________________

Witness Signature:_____________________________Date:__________________

410.730.5700 (Tel) • 410.964.3231 (Fax) • 11085 Little Patuxent Pkwy, Suite 204 • Columbia, MD 21044-2979
www.jerishustermd.com