



Appointment Cancellation Policy Agreement:

Your Medicos S.C. is committed to providing all our patients with exceptional care. If it is necessary to reschedule or cancel your scheduled appointment, please call us at **(847) 850-5882** by

- **24 hours or one business day before** your **one hour** scheduled appointment
- **72 hours or 3 business day before** your **2 or more hours** scheduled appointment

to notify us of any changes or cancellations. **To cancel a *Monday* appointment, please call our office by 12:00 p.m. on *Friday*.**

Appointments are in high demand, and your early cancellation will allow another patient access to timely medical care.

If you fail to give prior notification, you will be charged:

- **\$100 for the LIPOSUCTION and COOLSCULPTING consultation**
- **\$100 for other procedure required more than 1 hour**
- **\$500 for liposuction procedure**
- **\$25 for 1-hour services or procedures.**

For our New Patient's first visit, a no show or late cancellation will result in a full charge for the consultation fee on your credit card on file.

I, _____ understand and agree with the **Your Medicos S.C.** appointment cancelation policy.

Patient's signature: _____

Date: _____