

ADVANCED DERMATOLOGY AND COSMETIC CARE

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FINANCIAL POLICY ACKNOWLEDGEMENT OF RECEIPT

Your signature below will acknowledge that you have received the Advanced Dermatology and Cosmetic Care Financial Policy.

If you have questions, you may ask our front office or billing staff or you may call 661-254-3686 and you will be directed to the appropriate staff member. A copy of our financial agreement is also located on our website: www.creatingbeauty.com.

We appreciate your cooperation on this very important matter.

Name: _____

Signature: _____

Date: _____