



Office and Financial Policies

We at *About Face Aesthetic Centers, LLC* would like to thank you for your business. To keep you updated and informed of our office policies, we ask that you read and sign this acknowledgement prior to any treatment.

- **Payments:** Payments for all services and consultations are due before the service. No interest financing is available for those who qualify. Valid ID must be presented with all credit card and check transactions. *In order to receive a complimentary consultation, a same-day service must be purchased.*
- **Returned Checks/Rejected ACH Withdrawals:** A \$75 charge will be incurred for any cancelled checks or returned ACH payments. Postdated checks will not be accepted.
- **Appointments:** A major credit card is required to reserve appointments. Clients should arrive 15 minutes prior to the appointment time and plan to stay 15 minutes after the service for post procedure observation. Effective January 1, 2018 we reserve the right to charge a minimum of \$100 for any appointment cancelled without 24 hours notice. "No Call, No Show" Appointments will be billed at the full price of the service scheduled.
- **Medical Records:** A copy of your medical records is available upon your written request. Copies will be charged at \$.50 per page, please allow 4-7 days for copies to be made.
- **We do require a credit card number to reserve your space on the schedule,** it will be on file until the day of your appointment. We will give you a reminder call a few days before your appointment – if you need to make any changes to or cancel your appointment you can, but we need at least 48 hours notice. If you DO NOT CALL, reschedule or cancel your appointment within more than 48 hours' notice, you will be charged the cost of the service the day of your appointment.

Credit Card# _____ Exp. _____ CVV _____

I acknowledge full financial responsibility for services rendered by *About Face Aesthetic Centers, LLC*. I understand that I am responsible for prompt payment of the entire balance before the procedure. I agree to be responsible for all reasonable attorney fees and collection costs in the event of default of payment of my charges as outlined in office and financial policy guidelines.

Signed _____ Date _____

Printed Name _____