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 $100 charge will be incurred for any cancelled checks or returned ACH payments. Postdated checks will not be accepted.

- **Cancellation Policy**: No cancellation fee applies if you cancel an appointment more than 2 working days in advance. If you cancel an appointment less than 2 working days in advance, you may choose from these two options:
  1. Pay the cost of treatment but not less than $100 or
  2. Complete a visit within 30 days. The payment will apply to the rescheduled visit, and there will be no cancellation fee.

- **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.

- I understand that all medical cosmetic treatments are provided exclusively by the ***About Face Aesthetic Centers***. I will not hold the ***About Face Aesthetic Centers***, its owner, or its employees responsible for the results I experience. I realize that results may vary. I further understand that the ***About Face Aesthetic Centers*** cannot prescribe an exact number of treatments to satisfy everyone's opinion and that the number of treatments I complete will be at my own discretion.

- I understand that even with the best laser and the highest trained and board -certified medical providers, there are a percent of patients that are non-responders and will not have a desired response/outcome to treatments.

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_____