



## PATIENT FINANCIAL POLICIES

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Thank you for choosing ALC Medspa as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full is made for services received. Our Patient Financial Policies will assist you in understanding that financial responsibility. By your acknowledgement of this form, you agree:

- To be responsible for all payment obligations arising out of your treatment/care and guarantee payment for these services.
- To follow all registration procedures, which include updating/verifying personal information, presenting verification of current insurance, and paying your patient responsibility amount at each visit. Our fee is expected to be paid in full at the time of service. If you are not prepared to make your payment, your visit will be rescheduled.

### Payment Policy

1. We accept payment by check, money order, debit cards or credit cards (Visa, MasterCard, and Discover).
2. **Payment by check.** If payment is made by check and it is returned or declined for any reason, your account will be charged a surcharge of \$35.00 or up to the applicable state maximum legal limits, whichever is lower, in addition to any costs assessed or charged by any depository institution. When you pay by check you also authorize ALC Medspa, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee of up to the state maximum legal limits (plus any applicable sales tax).
3. **Payment by Credit Card/Credit Card on File.** When you pay by credit card to be held on file, you agree to keep the credit card information current, and you authorize to securely store your credit card information, and only charge it should you have an outstanding balance or any leftover balance from a processed claim in the future. The storage system used is fully compliant to the highest level of credit card storage security regulations.
4. **Care Credit 0% Financing.** ALC Medspa offers Care Credit with a 0% financing option:
  - For purchases up to \$199.99 - 30 days of ZERO percent financing.
  - For purchases between \$200.00 - \$999.99 - 6 months of ZERO percent financing.
  - For transactions \$1,000.00 and above - 12 months of ZERO percent financing.
5. **Additional Charges.** Patients may incur and are responsible for the payment of additional charges at the discretion of ALC Medspa, including but not limited to: (i) charges for a missed appointment without 24 hours advance notice; (ii) charges for copying and distribution of patient medical records; (v) charges for form preparation/completion; or (iii) any costs associated with collection of patient balances, all as allowed by law.
6. **Non-Payment on Account.** Should collection proceedings or other legal action become necessary to collect an overdue/delinquent account, you understand that ALC Medspa has the right to disclose to an outside collection agency/attorney all relevant personal and account information necessary to collect payment for services rendered. You are responsible for all costs of collection including, but not limited to: (i) late fees and charges and interest due as a result of such delinquency; (ii) all court costs and fees (but only to the extent allowed by law); and (iii) a collection fee to be charged under separate agreement with a third-party collections agency, either as a flat fee or computed as a percentage of the total balance due up to the maximum allowed by applicable law, and to be added to the outstanding balance due and owing at the time of the referral to the third party collection agency. If your account is referred to a collection agency, attorney, court, or the past due status is reported to a credit reporting agency, it may have an adverse effect on your credit history; and related portions of your account, including the fact that you received treatment at our offices, may become a matter of public record.
7. **Minor Patients.** The parent/guardian of a minor is responsible for payment of the minor's account balance. A minor who is not accompanied by a parent/guardian will be treatment unless charges for the treatment have been pre-authorized. Responsibility for payment of treatment of minor children, whose parents are divorced, rests with both parents. Any court-ordered responsibility judgment must be determined between the individuals involved.





8. **Authorization to Contact.** You authorize ALC Medspa personnel and any agent/servicer of your patient account to communicate by mail, voice messages, and/or e-mail according to the information provided in your Patient Information form for purposes related to your account, including debt collection. You expressly consent to any such contact being made by the most efficient technology available, including automatic dialing/e-mailing/text messaging even if you are charged for the contact.

9. **Financially Responsible Party.** If this or a separate Patient Financial Policies form is signed by another person, on your account, then that co-signature remains in effect until cancelled in writing. Cancellation in writing shall become effective the date after receipt, and shall apply only to those services and charges thereafter incurred. By signing as a financially responsible party, you hereby guarantee the full and prompt payment to ALC Medspa of all indebtedness of patient to the practice, whether now existing or hereafter created (the "Indebtedness"); and you further agree to pay all expenses, legal or otherwise, incurred by ALC Medspa in collecting the Indebtedness, in enforcing this guaranty, or in protecting its rights under this guaranty or under any other document evidencing or securing any of the Indebtedness. This guaranty shall be a continuing, absolute and unconditional guaranty, and will remain in force and effect until any and all said Indebtedness will be fully paid. \

**Cancellation Policy**

We do our best to schedule appointment times that are most convenient for you, and we remind you of your appointment 48 hours via email and text then 24 - 48 hours via phone call in advance.

To best serve all of our clients, **we must charge a \$50 fee for any appointment that is cancelled or missed without 24 hours of notice. It is a \$100 fee on Saturdays.**

- **This policy includes any free services you schedule with us.**
- **This charge will be charged to the credit card you have on file.**
- **Please remember we have reserved that time specifically for you.**

*To avoid any charges, please call us to cancel or reschedule a minimum of 24 hours in advance.*

**Refund Policy**

1. **Products.** Unopened products may be exchanged or returned for full refund within 30 days of purchase date. Refunds or exchanges may be subject to a 5% restocking fee. There are no refunds on opened products for health safety reasons - we may offer a store credit. We may offer a full refund as a store credit if adverse reactions occur with your skin.

2. **Discounted Packages.** With many of our services ALC Medspa offers the ability to pay per treatment (pay-as-you-go) or receive a discount for buying a package (paying up-front). We are happy to offer this discount on our packages, but must charge the pay-as-you-go fee if the package is disrupted prior to completion. Any cancellation or refund request for a package must be in writing. If discontinuation of your purchased package occurs before you have reached the end of treatment, you will be charged the list price (of the completed procedures) plus a 10% service charge. *Refund will be paid 30 days after receipt of request in writing.*

*EXAMPLE:* A single Microdermabrasion Treatment is \$125, but packages of 6 are sold at a discounted rate of \$625. If a Client requests a refund after the 3rd treatment, the Client will be charged the list price of each treatment received at \$125 x 3 treatments + 10% service fee = \$412.50 and will receive a refund in the amount of \$187.50.

\_\_\_\_\_  
**Signature of Patient/Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**ALC Medspa Representative Name**

\_\_\_\_\_  
**Signature of ALC Medspa Representative/Witness**