



FINANCIAL RESPONSIBILITY

Thank you for choosing Beyond Beauty Medical Spa. The following information provides the basis for the financial aspect of your treatment. We sincerely desire to treat our patients in a pleasing and congenial atmosphere and find this can best be accomplished when a clear understanding exists regarding financial arrangements. Please contact the office at any time with questions regarding your financial responsibility.

PAYMENT: Fees for services are due when treatment is rendered. Payment may be made in cash, check, or by credit card.

FINANCING: We offer financing through CareCredit. Many options, including zero interest financing are available.

NON-PAYMENT: In the event the charges incurred are not paid in full when due and collection action is instituted, the patient is responsible for the additional costs associated with such collection activity. The collection costs may include and are not limited to collection agency fees, attorney fees, court costs and/or any other expenses incurred in its collection as allowable by law.

RETURNED CHECKS: A \$25 processing fee will be charged for a returned check.

CANCELLATION: Patients are expected to notify the office at least 24 hours prior to their scheduled appointment if they cannot keep the appointment. Failure to properly notify the office may result in a charge of \$120 per hour of scheduled appointment time. Three non-notified missed appointments may result in dismissal from the practice.

FINANCIAL RESPONSIBILITY AGREEMENT: I have read the financial responsibility for Beyond Beauty Medical Spa and I agree to the terms and accept full responsibility for all charges for services rendered.

Patient Signature: _____

Date: _____