



## FINANCIAL POLICY

Please take a moment to read this document thoroughly, sign and date the bottom indicating that you understand and agree to comply with these policies.

- I. Payment for all services by our practice is due in full at the time the services are rendered, we reserve the right to charge interest on any accounts showing a balance due.
- II. We accept cash, money orders, MasterCard, Visa, American Express and Discover Card as payment for services rendered. We DO NOT receive personal checks from new patients. We only accept personal checks from patients who have received a minimum of five (5) services. A \$35.00 Return Check fee will assessed to your account for every check returned to VITA Ageless Medical Aesthetics as non-payable.
- III. VITA reserves the right to turn any patient over to an attorney and/or collection agency if it is deemed that the account has been in default of the payment obligations or compliance of this policy. The attorney processing fee will be charged to your account if this action is taken.
- IV. In the event that you are unable to make your scheduled appointments, please cancel at least 24 hours prior to the appointment in order to avoid a same-day cancellation or no show fee of \$75.00. After the second no show or same-day cancellation we require a valid credit card number in order to schedule an appointment.

I have read and understand the above Financial Policy of VITA Ageless Medical Aesthetics. I agree to the terms outlined in this policy and understand that if I do not adhere to this policy, I may be turned over to an attorney and/or collection agency for payment of debt. This document will remain in effect until revoked by me in writing.

Patient Name \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***If patient is a minor (under 18 years old) the Parent / Legal Guardian authorization is required:***

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Office \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_