



8201 Newman Ave #101 • Huntington Beach, CA 92647 • (855) MED- 1SPA

FINANCIAL RESPONSIBILITY

Thank you for choosing **SoCal Lazer & Medi-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 or by credit card. For specially packaged or grouped treatments, payment for the entire package is due at the time of the first scheduled treatment. **A credit card is required to reserve an appointment for treatment scheduled in advance.**

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.

CANCELLATION If you need to cancel your appointment, please allow 24 hours to notify us of the cancellation. Should we receive less than 24 hours of notification, or should you fail to keep your appointment may result in a charge of \$50 per 30 minutes of scheduled appointment time. Three non-notified missed appointments may result in dismissal from the practice.

NO REFUNDS: In the event that a package or series of treatments has begun, these services will be considered to have been rendered even though the full series may not have been completed. Should you wish to discontinue your treatment in the midst of a series, credit for the pro rata share of unused treatments at the discounted package price may be extended, and this may be used to purchase other treatments or products offered by **SoCal Lazer & Medi-Spa**, or it may be transferred to another individual to be used in exchange for treatments or products of comparable value to the credit.

FINANCIAL RESPONSIBILITY AGREEMENT: I have read the financial responsibility for **SoCal Lazer & Medi-Spa** and I agree to the terms and accept full responsibility for all charges for services rendered.

Patient Signature: _____

Date: _____