



## **F**INANCIAL POLICIES - FRAXEL TREATMENTS

### SCHEDULING TREATMENTS

- At the time Fraxel treatment(s) are scheduled, a deposit of \$500 will be collected to secure your treatment date. Of this \$500 deposit, \$250 is non-refundable. Should you have to change your treatment date(s), please contact our office immediately. In addition, any change in treatment(s) date may require an additional \$250 non-refundable rescheduling fee.

### TREATMENT FEE QUOTE

- Fees are subject to change. Quoted fees are valid 90 days from original consultation date.

### PAYMENT OPTIONS

- Final payment for Fraxel treatments is due in full at your initial treatment. We provide a number of payment options which may be used individually or combined according to your needs.

CASH OR CHECK: Personal check, cashier's check, or cash.

*NOTE: Personal checks will be accepted no later than 2 weeks prior to initial treatment date.*

CREDIT CARDS: Visa, Master Card, Discover Card, or American Express.

- FINANCING PLANS: We have several financing programs available or we will be happy to refer you for financing. The \$500 deposit can not be included in your financing.

### CANCELLATION POLICY

- We understand that a situation may arise that could force you to postpone or cancel your treatment(s). Please understand that such changes affect not only your clinician but other patients as well. If you must cancel your scheduled treatment(s), please contact our office immediately.
- We will refund monies paid, less any non-refundable fees, for any cancellations made earlier than three business days prior to initial treatment date.
- Treatment(s) cancelled within twenty-four hours prior to treatment date, are subject to a \$250 rescheduling fee.
- Credit card refunds may be assessed a processing fee.
- Non-refundable deposit may be applied to future Fraxel treatments scheduled within one year of cancellation date. Non-refundable deposits may not be applied toward other services.

### REFUND FOR SERVICES PERFORMED

- We are committed to our patients in receiving their full set of treatments to produce the desired result. If you request to terminate your scheduled treatment plan before receiving all sessions, including the four month follow-up session, you may not be eligible for a refund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_