

Aesthetics & Weightloss

STATEMENT OF FINANCIAL POLICIES

1. **Forms of Payment** – We accept cash, checks, MASTERCARD, DISCOVER, VISA, and AMERICAN EXPRESS on your initial visit to our clinic. All fees for which you are responsible should be paid at the time of service, unless prior arrangements have been made.
2. **Collection** – I understand and agree that in the event that my/our account (s) is/are placed with a collection agency, or an attorney for collection, I/we will pay any and all fees and costs associated with collecting, securing or attempting to collect or secure this account. This is to include, but not limited to, collection agency fees, reasonable attorney's fees, publication fees, process server fees and court costs, whether suit is necessary or not.
3. **Filing Insurance** – Aesthetics & Weightloss will not present a bill to any insurance company for weight loss management, skin care services, or related charges.

CONSENT FOR TREATMENT

Knowing that I require medical treatment, I do hereby voluntarily consent to such diagnostic procedures as are necessary in the judgement of the physician(s) in charge. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as the result of examination or treatment in the hospital or office.

Legal Signature _____ Date _____

Witness _____ Date _____