FINANCIAL POLICY

Thank you for selecting Advanced Injectables, PLLC for your aesthetic needs. We are honored to be of service to you. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made.

A consultation fee of \$50 was charged prior to your first appointment. This will go towards your treatment. If you choose not to undergo any treatments at Advanced Injectables, PLLC, or fail to show at your appointment, you will not be refunded the \$50 deposit.

Advanced Injectables, PLLC, reserves the right to charge a consultation fee of \$50 7-14 days prior to your scheduled appointment. If the appointment is rescheduled after this payment has been processed, it will not be refunded. Instead, the \$50 deposit will go towards your first treatment.

If a credit card is used for the purchase of these services, I authorize Advanced Injectables, PLLC, to save my payment method. I also agree to additional charges to this card including late fees, cancellation fees, and processing fees.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney fees, and court costs.

I have read and understand all of the above and have agreed to these statements.

Patient Name (Please Print)		
Patient Signature		Date