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**REFRESH MEDSPA CLUB MEMBERSHIP AGREEMENT**

Today's Date: \_\_\_\_\_ MRN No. \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Start Date (Sign-Up date): \_\_\_\_\_ Membership End Date: \_\_\_\_\_

**CLUB MEMBERSHIP PLAN OPTIONS:**

\_\_\_\_\_ **6-Month Plan:** Automatic Recurring Payment of **\$399 / month**

This plan allows either of the following (**Pick one**):

\_\_\_\_\_ Verju Body Contouring of 24 treatments in 6 months.

\_\_\_\_\_ TempSure Non-Surgical Facelift = an initial treatment of 3 sessions 3-weeks apart plus 1 touch-up for the remaining months of the 6-month period.

\_\_\_\_\_ **12-Month Plan:** Automatic Recurring Payment of **\$299 / month**

This plan allows either of the following (**Pick one**):

\_\_\_\_\_ Verju Body Contouring of 48 treatments in 12 months.

\_\_\_\_\_ TempSure Non-Surgical Facelift = an initial treatment of 3 sessions 3-weeks apart plus 2 to 4 touch-ups for the remaining months of the 12-month period depending on the patient's response to treatment.

\_\_\_\_\_ **Add-On/s:** \_\_\_\_\_

**Total Recurring Charge =** \_\_\_\_\_

**Membership Terms: (Please Initial)**

\_\_\_\_\_ **Payment:** An automatic recurring payment will be applied using a credit/debit card on-file on each day of the month, same date as the Billing Start Date. (If the month has less than 31 days and payment is set for the 31<sup>st</sup> of the month, payment will be applied on the 1st day of the next month.) This monthly fee is non-refundable. You agree to advise our office of any changes regarding the on-file credit card.

\_\_\_\_\_ **Membership Details:** Your membership plan begins on the Billing Start Date. The Initial Treatment Date must be within 1 month of the Sign-Up Date.

\_\_\_\_\_ **Membership Freeze:** A membership may be placed on a one-time temporary freeze for a maximum period of 1 month. This freeze can be used when ill or going on vacation. To be eligible, a Freeze Form must be completed by the member, and approved by Dr. Comia or the Office Manager.

**No-Refund Policy:** All fees paid prior to membership plan end date are non-refundable. Early termination of a membership will not relieve the member's obligation to pay the monthly remaining payments under the plan. The chosen membership plan, including the Add-On Supplements thru Metagenics and the IV therapy fees, are non-negotiable, non-exchangeable, non-cancellable, and non-transferable.

**Appointment Scheduling:** Your plan ends on the Membership End Date. Any unused treatment sessions will be forfeited. Member is responsible for keeping track of the number of treatment sessions and the Membership End Date. The office will not be responsible for reminding you that your membership is ending or that you still have unused treatment sessions.

**Appointment Cancellation & Rescheduling:** A 24-hour advance notice is required to cancel an appointment. Failure to provide a 24-hour notice will result in a forfeiture of that service and will be marked as a completed treatment session.

**Automatic Recurring Payment Failure:** If your automatic recurring payment is declined or unable to be processed, your treatment will be suspended or cancelled until another form of payment is provided. You will continually be billed the charges for the remaining months of the membership plan. A late charge of 3% will be charged until account balance is settled.

**Delinquent Accounts:** All balances not paid in 7 days will be considered delinquent and will be subject to a 3% monthly late charge until fully settled, with the member's account reported to the collection agencies after 2 months of non-payment. Any collection or attorney's fees incurred because of delinquent account will be the responsibility of the member.

**Billing Terms:**

I authorize Advance Biomedical Treatment Center to apply an automatic recurring charge on credit card on the Billing Start Date noted above and on the same day of each month thereafter until the end date of the membership plan.

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Credit Card No. \_\_\_\_\_ Expn Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

**REFRESH MEDSPA CLUB MEMBERSHIP AGREEMENT**

*I, (Patient Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ have read, fully understand, and agree with the above-noted terms and conditions of this agreement.*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

*If patient is a minor, a parent/guardian must sign below.*

\_\_\_\_\_  
Printed Name and Signature of Parent/Guardian

\_\_\_\_\_  
Date