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FINANCIAL POLICY AGREEMENT
TEMPSURE THERAPY

PHYSICIAN CONSULTATION

A consultation is required prior to therapy. The consultation determines your eligibility for the therapy. It normally takes 5 minutes for the consultation, but may extend. There is no fee for consultation.

TEMPSURE THERAPY

- The fee varies depending on the area involved. Payment is due upon scheduling.
- The paid service is valid only for six months from date of payment.
- Three consecutive treatments, 3 weeks apart, are recommended for best results of wrinkle treatment. For cellulite treatment, treatments are recommended once a week for 3 consecutive treatments.

Cancellation and Rescheduling Policy

- We require at least 24 hours advance notice for cancellation and rescheduling.
- When rescheduling, the new appointment must be **within 2 months** from original appointment date. Otherwise, the appointment will be cancelled and the paid service will be forfeited.

Missed/No Show Appointment Policy: The session fee will be forfeited if a patient misses a scheduled session. It cannot be applied towards a future appointment.

OFFICE POLICIES

We do not participate with any insurance company. We do not give procedure or diagnostic codes, no exceptions. You are responsible for payment in full. FULL payment is due at the time of service.

All TempSure therapy fees are non-refundable, non-transferable, and non-exchangeable.

Appointment cancellation/rescheduling may be done by phone. If you reach our voicemail, please leave your name, date of birth, and telephone number. You will be contacted to confirm the message. If you do not get a call-back, the message was not received.

The only exceptions to the Cancellation/Rescheduling and the Missed Appointment policies are true medical emergencies, or a natural disaster. A physician's note is required for documentation and consideration.

Prescription refills are initiated by contacting the pharmacy. Per strict FDA regulations, a consultation with the doctor at least once per calendar year is required to be considered an active patient.

There is a charge for copies of medical records. A Medical Release Form must be completed. Completion of health-related forms and narrative reports for lawyers, for insurance purposes, etc. will be billed at our standard hourly rate. Please contact our office for updated rates.

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

FINANCIAL POLICY AGREEMENT

I, (Patient Name) _____ (Date of Birth) _____ have read, fully understood, and agree with the billing rates and the office policies noted in this agreement.

I agree to pay the fee for the following treatment/s: (Place an X beside the Fee.)

AREA	SINGLE TX	X	PACK OF 3	X	TOUCH-UPS	X	PACK OF 3 TOUCH-UPS	X
Eyes	$200		$580		$180		$520	
Upper Face	$250		$730		$220		$630	
Lower Face	$250		$730		$220		$630	
Full Face	$650		$1,620		$610		$1,580	
Body 4x4 Area	$325		$925		$300		$880	

I agree to abide by this Financial Policy Agreement and the mandates stated above.

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent / Guardian (If a minor) Date

Preferred Method of Payment:

___ Cash (U.S. Currency)

___ Visa / MC Cardholder Name: _____

Card no. _____ Exp Date:_____ CVV_____ Zip Code_____