



Our Financial Policy

I, \_\_\_\_\_, have been provided a consultation regarding the following cosmetic procedure(s). Signing this policy does not obligate me to have this procedure(s) performed. It is designed to inform me of the costs of the procedure(s) and the policies surrounding canceling and payment.

The following fees have been quoted:

Procedure(s): \_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_
\_\_\_\_\_ \$ \_\_\_\_\_

These fees are guaranteed until \_\_\_\_\_.

I understand and accept the following financial arrangements:

- 1. The total cost of treatment package(s) paid in full at first appointment.
or
2. Pay up to 3 installments, each due upon first three appointments.

No guarantees or assurance has been given, as to the results that may be obtained. No refunds will be provided.

Procedure scheduled for \_\_\_\_\_.

Cancellation Policy: Due to the popularity of all services provided by REINA RENA, we have a very tight schedule and booking well in advance. For this reason, we must enforce a 24-hour notification for any cancellations. Failure to comply will result in a \$25.00 charge for weekday appointments and \$50.00 charge for weekends.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Plan: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_