



Refund, Payment, & Appointment Cancellation Policies

1. Refunds will not be given for services performed or products sold.
2. No refunds will be given for services that the patient cancels prior to the service being performed.
3. All services must be paid prior to the service being performed. If for any reason payment is not paid prior to the service being performed, payment will be made immediately after the procedure has been performed.
4. When a service or product is purchased it cannot be exchanged for another service or product.
5. If a patient fails to complete his or her services within one year of purchase the patient forfeits his or her money and no service is owed.
6. When a procedure is scheduled, staff and other resources are reserved for the designated date and time. Therefore, if a patient cancels a procedure without giving a 24 hour notice Ultimate Image may apply a \$25.00 cancellation fee to the patient's next appointment.
7. In the event that the Payer fails to pay for said medical services immediately, Patient/Payer agrees to pay all fees, costs, reasonable attorney fees, interest and expenses incurred by Centre before trial, at trial, and/or on appeal.
8. Patient waives the right to stop payment of said check or cancel any charges on credit/debit card for the medical services provided or to be provided.
9. In the event that the Payer violates this agreement by stopping payment on said check or said check is returned as unpaid; and then Patient/Payer agrees to pay for those services directly to the Centre immediately. Patient also agrees to pay a \$25.00 fee for any and all checks returned as unpaid.

I have read, understand, and have had all questions answered to my satisfaction regarding the above refund, payment and cancellation policies. My signature below indicates my agreement with the above refund, payment and appointment cancellation policies of Ultimate Image Cosmetic Medical Center.

Patient's Signature _____ Patient's Printed Name _____ Date _____

Witness's Signature _____ Witness's Printed Name _____ Date _____