



Patient Policy Form

HOW DID YOU HEAR ABOUT OUR MED SPA? _____

*****We are pleased to offer a new patient service feature** that allows us to communicate with our patients effectively and securely. This feature will allow us to send appointment reminders and other important messages to your personal email and or cell phone. WE would like for all our patients to take advantage of this unique offer. IF you would like to participate in this process, please sign and date below:

Signature _____ Date _____

*****DEPOSIT POLICY effective March 1st, 2021*****

We understand and even expect that situations may arise that result in your needing to either cancel or re-schedule appointments, so much so that it is our policy to remind patients of their appointment via phone and text message.

We kindly ask for 24 hours' notice for any cancellation at The Med Spa. For ALL clients as of March 1st, 2021, we will ask for a credit card number to be kept on file. If you cancel with less than 24 hours' notice or do not show for an appointment, your card will be charged a \$75 nonrefundable fee. This policy helps to ensure the utmost availability for all our guests. Thank you for your understanding and choosing The Med Spa.

Credit Card Authorization Form

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV Code:
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize The Med Spa @ ACWH to charge my credit card above for the agreed upon **DEPOSIT Policy**. I understand that my information will be saved on file for future automatic transactions on my account. All information is to remain confidential.

Signature _____ Date _____

No Refund Policy

Please understand that all pre-paid products and/or services are final and will not be refunded. However, funds may be applied towards an alternative Med Spa product or service.

Signature _____ Date _____