



Financial Policy

Purpose

This Financial Policy explains payment expectations, fees, and patient responsibilities to ensure transparency and efficient service delivery.

1. Payment Policy

Payment is due at the time services are rendered. PHI Clinic accepts cash, credit/debit cards, and approved electronic payments. Deposits or prepayment may be required.

2. Consultation Fees

Consultation fees may apply and are non-refundable. Fees may be credited toward same-day treatment when applicable.

3. Cosmetic & Wellness Services

All services are elective and self-pay. PHI Clinic does not bill insurance. Pricing is based on units, treatment areas, medication cost, and procedure complexity.

4. Packages, Memberships & Promotions

Must be prepaid, are non-transferable, and may expire according to program terms.

5. Cancellation & No-Show Policy

A minimum of 24 hours' notice is required. Late cancellations or no-shows may result in fees or loss of deposit.

6. Refund Policy

No refunds are provided for services rendered or opened medications. Results vary by individual.

7. Outstanding Balances

Outstanding balances must be settled before additional services are provided.

Financial Responsibility Acknowledgment

I understand and agree to this Financial Policy and accept responsibility for all services provided.

Patient Name: _____

Signature: _____

Date: _____