



Patient Awareness, Policies and Responsibilities

Our goal at Solutions Medical Center is to provide you with the highest level of aesthetics, anti-aging, weight loss and preventative medicine. We are committed to helping you on your journey to health, wellness and beauty.

Please be aware of the following:

- You agree to implement the agreed upon therapies exactly as instructed
- You are responsible for seeking professional medical attention from Solutions Medical Center or another medical professional if your condition worsens
- You are aware that improvements in health and well-being require on-going care and agree to follow up visits and additional treatments
- You are aware that you may be referred to another doctor for additional treatment as needed
- You are aware that in the event of an emergency you are responsible to obtain medical attention, call 911 or go to the nearest Emergency Department

Fees

Your fees for service are dependent upon the level of service and individual components. All payments are due at the time of service. _____ **(Initial)** We accept Care Credit financing, cash, personal checks and all major credit cards. If you choose to use Care Credit Financing, you must purchase a minimum of \$600 _____ **(Initial)**
There is a \$30 processing charge on all returned checks. _____ **(Initial)**

Refunds

Your satisfaction is our upmost concern. Packages purchased are non-refundable and we do not issue cash refunds. If you are not satisfied with one of your products, please bring it back along with your receipt within **one week** of the purchase and we will gladly exchange the full value of the returned product for another product(s) that are more suited to your desired result. If you do not wish to have a product exchange, we would be happy to give you a credit towards one of our services or it may be placed as a credit on your account. _____ **(Initial)**

Appointment and Appointment Cancellation Policy

You may book your appointments at any time they are available. For cancellations, we require 24 hour notice, failure to do so will result in a missed appointment charge of \$30. _____ **(Initial)**

Insurance

We do not accept any form of insurance. _____ **(Initial)**

Prescription Refill Requests

You can request prescription refills by calling Solutions Medical Center. We will try to fill your prescription in 24 hours however some may take up to 48 hours to process refills. Please plan ahead. _____ **(Initial)**

Privacy

Solutions Medical Center is not a covered entity under HIPAA, but we take the privacy of your information very seriously. We make it a top priority to safeguard all of your information and to limit uses and disclosures of your information to only those purposes that you authorize, in furtherance of your treatment, or as otherwise required by law. Please review our privacy policy and let us know if you have any questions.

By signing my name below, I have read, understand, and agree to the above statements and will abide by the policies of Solutions Medical Center.

Signature

Date