



Office and Financial Policies

We would like to thank you for choosing Lifestyle Solutions MedSpa (LSM) for your medical and aesthetic needs. As one of our clients we would like to keep you informed of the current office and financial policies. Please read each of the following sections carefully and initial:

Insurance: LSM does **NOT** participate with or submit billing for any private insurance companies. We only bill for Medicare Part B for the services performed, however, Dr. Holloway does use diagnosis codes and we can provide you with a copy of your Super Bill upon request so that you are able to complete the appropriate forms for patient reimbursement from your insurance company. _____ **Initial**

Payment: ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE; however, some services may require a deposit in advance. LSM only accepts payment in the form of cash, check, VISA, MasterCard, American Express, Discover, Care Credit and Flex Spending Accounts. _____ **Initial**

Refund Policy: **ALL SALES ARE FINAL.** Before a service is performed please consider all the required protocols and side effects. We are committed to client satisfaction and are available to answer any questions or concerns you may have in regards to the services we offer before purchase. LSM may provide patients with prescription medication and if so are subjected to state and federal laws. These laws do not permit us to restock sold items and accept returned prescription medications for refund. _____ **Initial**

Appointments: Missed appointments represent a cost to us, to you and to other clients who could have been seen in the time set aside for you. We require a 24 hour notice for canceling or rescheduling of any appointment. **There is a charge of \$25.00 for missed or late cancelled appointments.** Excessive abuse of scheduled appointments may result in discharge from the practice. _____ **Initial**

Package Agreement: All Weight Loss, SmoothShapes, Laser Hair, Photofacial, Skin Facials, Massages and/or any other custom packages are all **NON-REFUNDABLE** and cannot be substituted for any other packages. _____ **Initial**

Prescription Medication: Many of the medications that are prescribed by Dr. Holloway are deemed as controlled substances and must be monitored regularly. All patients are required to have an initial appointment with Dr. Holloway and must be monitored on a monthly basis in order to receive any prescription refills. The controlled medications will be dispensed in the office at the time of your visit. _____ **Initial**

Lab Work: Bloodwork and EKG testing are mandatory for all weight loss programs. I understand that this testing needs to be completed within the first week following my initial appointment. I also understand that if the results are not received by this establishment prior to my third appointment, that I will not be prescribed any additional medication. All testing must be repeated yearly at a minimum. _____ **Initial**

Services Policy: I understand LSM has the right to refuse treatment and/or dismiss a client from any service at any time. I also understand that I may not be a candidate for certain medical services and it is at the full discretion of the medical provider to determine whether I am a candidate for any service provided. _____ **Initial**

I have read, understand and agree to the office and financial policies set forth by Lifestyle Solutions MedSpa.

Patient or Guardian Signature: _____

Date: _____

Patient's Name (Please Print): _____

At your request, a copy of these policies can be provided for you.