

# CERES

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## Wellness & Anti-Aging

2693 E. Washington Blvd., Pasadena CA 91107 t: (626) 798-2000 f: (626) 798-8842 w: cereswellness.com

### **ACKNOWLEDGEMENT OF PRACTICE POLICIES**

I understand that I will receive cosmetic medical treatment from Ceres Wellness and Anti-Aging Center. The various treatments Ceres provides include: hCG Medical Weight Loss, Laser Genesis, Laser Hair Removal, Botox® Cosmetic Injection, Juvederm® Filler Injection, Chemical Peels and Advanced Facial Treatments. I understand that depending on the treatment I select, I will be required to sign an informed consent specific to that treatment. I am fully aware that my condition is solely of a cosmetic nature and that the decision to proceed is based on my expressed desire to do so.

\_\_\_\_\_ (Please Initial)

### **PAYMENT POLICY**

I understand that my treatments at Ceres require payment and the prices and fee structure for treatment have been explained to me. The quoted price for treatment is the price for each individual treatment session, unless otherwise specified in writing by Ceres. I understand that services sometimes require more than one session, and I have the option of purchasing a package of individual treatments sessions at the quoted package price.

\_\_\_\_\_ (Please Initial)

### **CONFIRMATION OF APPOINTMENT**

To **CONFIRM** your treatment date, the following are required:

- Full payment or a 50% deposit of the total cost of services.
- For a 24 hour hold date, a refundable \$100 deposit is required. However, if Ceres does not receive a notification or call within 24 hours, we will automatically release your scheduled treatment date and the \$100 deposit will automatically be forfeited.

### **NO-REFUND POLICY**

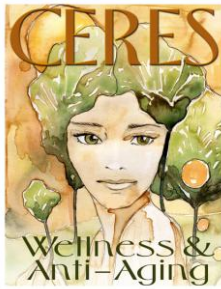
I understand that there are **NO REFUND** on treatments paid in advance but funds can be put towards other services only. I further understand that the services offered by Ceres are elective in nature and are not covered by health insurance. I agree to pay for the treatment according to the payment plan discussed.

\_\_\_\_\_ (Please Initial)

### **MODE OF PAYMENT**

Ceres accepts payment in the form of cash, check or major credit card (Mastercard/Visa, Amex, Discover) as well as Care Credit Financing.

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## **CANCELLATION POLICY**

I am aware that Ceres requires the following:

- 24 hours notice of a cancellation on any procedures and that it is my responsibility to provide timely notice.
- I agree to pay a minimum of \$100.00 or 50% of the treatment price (whichever is higher) if I fail to give the required 24 hours notice.
- If I have prepaid my treatment session or sessions, I understand that I may forfeit one of my future sessions if I do not provide Ceres with required 24 hours notice.

\_\_\_\_\_ (Please Initial)

## **DISCLAIMER**

I understand that all medical cosmetic treatments are provided exclusively by Ceres, an independent medical professional corporation. I will not hold The Practice, its owners or its employees responsible for the results I experience. I realize that results may vary. I further understand that Ceres cannot prescribe an exact number of treatments to satisfy each individual's opinion and that the number of treatments I complete will be at my own discretion.

\_\_\_\_\_ (Please Initial)

**I have read and fully understand all the terms of this Acknowledgment of Practice Policies form, all my questions have been answered to my satisfaction and I agree to the terms of this consent:**

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have explained the above statements to the client and answered all questions.**

Clinical Staff Name: \_\_\_\_\_

Clinical Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_