

Jewell Aesthetic Med Spa, LLC

Service Agreement

This Medical Service Agreement is entered into between Jewell Aesthetic Med Spa, LLC and the Responsible Party.

Services: Provider agrees to provide the following services to the patient. Descriptions of service, include any medical treatments, procedure, weight loss program, or consultation offered by Jewell Aesthetic Med Spa, LLC. The services under this agreement will be rendered by the professional medical employees of the provider including Nurse Practitioner and other licensed professional medical service providers employed by the provider.

Agreement to Pay: The responsible party agrees to pay all charges for services rendered by the provider. This agreement is not an agreement to extend credit to any person. Services provided by Jewell Aesthetic Med Spa, LLC are not covered by medical insurance. Payment is due at the time of services rendered and agreed upon by both parties, without warranty, guarantee of outcome or patient satisfaction. There will be no refunds of payments for professional services or supplies. Accepted forms of payment Cash, Visa, Mastercard, Discover, American Express, and some plans of Care Credit. In signing this agreement, the responsible party and patient will not challenge credit card payments once the service is provided as per irrevocable agreement.

Cancellation Policy: Patient agrees to provide 24-hour notice for cancellations or rescheduling of appointments. Failure to call will result in a \$50.00 charge to your credit card on file. Jewell Aesthetic Med Spa, LLC requires a credit card at the time of scheduling your appointment, your credit card will not be charged unless you do not call within 24 hours to cancel your appointment or No Show for your appointment. As a courtesy we send a text reminder 48 hours prior to your appointment. This reminder is only to confirm your appointment, if you need to re-schedule or cancel your appointment, please call the office at 541.683.3238. Please understand it's your responsibility to contact us to avoid cancellation fees.

Patient Responsibility: Patient agrees to provide accurate medical history information and disclose any medical conditions, allergies or medications that may affect treatment. Patient agrees to follow providers instructions before, during, and after treatment to ensure optimal result and minimize risk.

Risk & Benefit: Patient acknowledges that there are risks associated with services provided and results may vary depending on individual factors. The provider will discuss potential risks and benefits with the patient before proceeding with any treatments.

Confidentiality: Provider agrees to maintain the confidentiality of patient's medical information in accordance with applicable laws and regulations.

This agreement constitutes the entire understanding between the parties concerning the subject matter here in and supersedes all prior agreements whether written or oral.

Responsible party by signing the Jewell Aesthetic Med Spa, LLC service agreement you are acknowledging that you have read, understood, and agree to the terms of this agreement.

Responsible Party Signature _____ Date: _____

Print Patient Name: _____