**Policies and Procedures**

**Payment**

Any payment made to Cheeky Medspa L.LC. on treatments is non-refundable. Any unused treatments will be available as an in-house credit on your account for that calendar year, non-transferrable.

I understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care, that I elect to receive outside of this office, such as, but not limited to , dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non‐refundable.

We require payment in full on the day of your procedure unless other arrangements are discussed. We conveniently accept Cash, Visa, MasterCard, American Express, and Discover Card.

**Refunds**

If you no longer wish to complete a package series, any remaining funds may be transferred towards another service. No cash or charge refunds will be given.

Skin care products, treatments and gift certificates are not refundable or transferrable. A $25.00 fee will be incurred for returned checks.

All prices are subject to change, but we will always inform you of any changes when you schedule your appointment.

**Late Policy**

We recommend arriving 10 minutes prior to your appointment. As much as we desire to accommodate you if you should arrive late for your appointment, we may have to condense your treatment or reschedule it to avoid inconveniencing clients scheduled after you.

**Cell Phones**

To maintain the tranquility of our Medspa please select the vibrate option on your cell phone.

Cheeky Medspa L.L.C. consistently strives to offer safe, effective and compassionate care to our patients and clients. If you experience any problems with your service or products, please notify us immediately.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_