

OFFICE POLICY AND CLIENT AGREEMENT

1. Blush Skincare & Wellness is an Out-of-Network fee for service provider. Blush Skincare & Wellness is a “cash pay” office. We do not bill insurance. All charges are due in full at the time of service. Specialized testing will be out-of-pocket to the patient. Patients will be provided with a general receipt with CPT and diagnosis codes for your submittal to your insurance independently. Our office is not responsible for denials or non-payments by your insurance company or for filing appeals to insurance companies.
2. Insurance companies do not cover the cost of prescriptions called into compounding pharmacies. This office contracts primarily with Las Colinas Pharmacy.
3. All new patients are required to pay a **non-refundable** deposit of \$250 when scheduling an initial appointment. This deposit is used to hold the appointment and will be applied to the program fee. Patients will **forfeit** the \$250 deposit if they do not show for the scheduled initial appointment, if they do not cancel **48** business hours prior to the appointment, or if they arrive to their initial appointment without their completed new patient forms, resulting in a reschedule. This policy also pertains to follow-up visits. A cancellation fee of \$250 will be applied for patients who do not cancel appointments 48 business hours prior or do not show to the appointment. Your credit card will be charged for the missed appointment on the day of the appointment. In order to provide better service to our patients, we do not overbook to compensate for no shows, therefore we must bill for missed appointments.
4. All lab results are reviewed and discussed during appointment times. Should lab results not be received by **Blush Skincare & Wellness** 72 business hours prior to your scheduled appointment, your appointment will be canceled and will need to be rescheduled.
5. Prescription refills are called in within 48 hours of their request. Patients who have not been seen in over a year will be required to come in for an office visit before a prescription is called in.
6. We do our very best to return phone calls and emails to our clients as soon as we can. There are times when follow-up may require additional research before returning your call. Please allow us 24-48 hours to return your call or respond to an email. Medical questions should be addressed during appointment times. Our staff may handle brief questions and requests over the phone, but in-depth questions will require an appointment with the nurse practitioner.

Patient initials _____ (initial)

7. All services and product sales are final. Patients are responsible for payments for services and labs performed. No refund will be given once a service has been provided or a lab test has been purchased from the office. There are no refunds on products sold in our office for any reason.
8. We require that a credit card be kept on file for all patients in the event that products, lab kits, etc. have to be sent out to patients, and for appointment and cancellation fees. You will be charged a fee of \$35.00 for all returned checks. All fees are due at the time of service. Patients are responsible for all fees incurred by **Blush Skincare & Wellness**. For collections.
9. We do not assume the responsibility for treatment of major medical illnesses that you are currently being treated for by your primary physicians. Please continue treatment with your primary care and /or OB/GYN for routine medical problems.

10. We request that patients are up to date with their annual Pap smear and/or mammogram. We reserve the right to refuse to treat the patient until he/or she has been seen and cleared by their primary care provider for their annual exam.
11. Patients are asked to call the office before coming in to pick up supplements, tests, etc., to avoid delaying appointments for scheduled patients and to allow us to prepare for your needs.
12. Upon a request in writing, we will provide copies of your medical records and labs to you or your insurance company for a fee of \$25.00. Medical records are sent out within 14 days of a completed request.
13. We reserve the right to immediately discharge a patient from our practice if a patient is abusive to the staff or refuses to follow our office policy.
14. If you decide not to continue our program for any reason, you will not be reimbursed for the remainder of services yet to be rendered.
15. Our office policy is designed to provide structure for our office so that we can provide exceptional customer service and ensure that all patients receive the same quality service and treatment. We strive to make sure that your experience with the nurse practitioners is optimal and welcome your helpful feedback.

Patient initials _____ (initial)

Annual Visit: All patients will be charged a fee of \$350 on your annual visit. This fee applies after the first year and includes a consultation with the Practitioner on staff. Unless otherwise specified, patients will move into the maintenance phase and only be required to see us semi-annually. For Annual lab testing, patients will purchase the lab panel for an additional \$500 from **Blush Skincare & Wellness**.

Financial Policy: All fees are due at the end of the appointment. We accept Visa, MasterCard, Discover, American Express, cash and check. Once the Practitioner on staff goes over your labs and prescribes your customized hormones, those prescriptions will be sent to Las Colinas Pharmacy and will be shipped to your home or business within 3-5 business days after your appointment. We will charge your credit card on file and you will receive a receipt either in person or via email.

Exchange of Medical Information: Only with collaborative work can we accomplish reaching your optimal health goals. Therefore, as necessary, your health information will be shared among practitioners within the practice and with Las Colinas Pharmacy.

Release of Medical Information: We respect the confidentiality of your visits here and release information to the health care provider of your choice **only** upon your written request.

Program not Specific Results: Our programs are based on current expert information. You are paying for access to these programs and specific behavioral strategies rather than for guaranteed results. Most clients adhering to each program's recommendations and treatments will be successful to varying degrees.

By signing below, you acknowledge that you have read this document and agree to abide by our Office Policy.

I understand that I release Blush Aesthetics & Skincare and its associates, the Medical Supervisor, the technician performing services and any Blush Aesthetics & Skincare employee involved in my treatment from any liability associated with complications from the procedure.

I CONSENT TO THE TREATMENT OR PROCEDURE. I AM SATISFIED WITH THE EXPLANATION.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____