

Please mail or fax back this form with signature and initials.

Beverly Hills Liposculpture
421 N. Rodeo Drive, Suite T-7
Beverly Hills CA 90210
Fax: 310-550-9907

Patient Name

Procedure Date

Please initial the following procedure payment terms and conditions:

Procedure Deposit

_____ A \$500 deposit is required at the time the procedure appointment is scheduled. The full deposit amount is applied towards the balance of the scheduled procedure. The deposit is fully refundable for any reason up to 7 days prior to the procedure.

_____ If you reschedule your procedure more than 2 times, you may forfeit your deposit.

_____ If you reschedule or cancel your procedure without a 7 day notice, the \$500 initial deposit will be retained along with 50% of your procedure payment.

Final Procedure Payment

_____ All fees are to be paid in full 7 days prior to the procedure. If you are unable to pay the remaining balance 7 days prior to your procedure, you will forfeit your \$500 deposit and will not be able to retain your appointment time.

_____ Final payments may be taken over the phone or you can send in a bank check. Our office accepts Visa, MasterCard, American Express, Cash, or bank check. We do not accept personal checks.

Procedure Day

_____ No payments will be accepted the day of the procedure.

_____ If you are more than 30 minutes late for your scheduled appointment, you may forfeit your appointment and be charged 50% of the total scheduled fee.

Patient Signature

Today's Date