Beautilase

Beautilase Bank - Member

Patient Name: _____ DOB: _____

Address: _____

Email:

_____

Package Details

- Monthly fee: $99 (made in 12 payments).
  - Total Cost due on day of signing: $99
  - Total Annual Cost: $1,287

Package Includes

Monthly Benefits:

- Free Monthly Eyebrow Threading
- $3 off all lipotrophic injections
- $25 off each month Semi-Glutides injections
- 20% off skincare products purchased (can be combined with any other special going on skincare products)
- Choice of any 1 treatment* every month**
  - Laser Hair Removal (LHR) - Small Area
  - LHR - Medium Area
  - LHR - Large Area
  - Microneedling
  - Choice of Classic Facial
  - Diamond Glow
  - Infrared Sauna Treatment
  - Chemical Peel
  - Dermaplaning
  - Lash/Lift Tint
  - C02 Jelly Mask
  - Esthemax Jelly Mask

Yearly Benefits:

- 50% off two IV Infusion Treatments
- $175 Yearly Credit towards any Filler Package or PDO Package

- $175 Yearly Credit towards any Coolsculpting/CoolTone Package
- Exclusive offers for Botox

*With the exception of LHR sessions - Only one of each treatment may be used each month.

**Services can roll over from month to month, but will expire at the end of each membership year. If applicable and deemed appropriate by aesthetician or technician, more than one service can be scheduled on the same day. Treatments are non-transferrable.

Remainder of membership paid in 11 monthly installments on or after the _____ day of each month.

Membership will auto-renew at the end of annual term. Afterward, the auto-payment will revert back to the normal monthly fee.

Membership Start Date: _____ / _____ / _____ Membership End Date: _____ / _____ / _____

Date of First automatic payment on or after: ____ / ____ / _____

I, _____, authorize Beautilase Med Spa (Family Medicine Associates PA) to charge monthly membership fees to my financial institution via Electronic Funds Transfer service, with the credit/debit information that I have provided.

I understand that I am in full control of my payment, and if at anytime I decide to make any changes to my credit/debit card information, I must submit to Beautilase Med Spa (Family Medicine Associates PA) the new banking information before the next due date. If at any time I decided to terminate my membership, I am required to give Beautilase Med Spa (Family Medicine Associates PA) a written notice 30 days before my next scheduled payment. I also understand no refunds will be issued after membership due has been charged. If I choose to end the membership early, the cost value prices of the services rendered will be subtotaled and deducted from the amount already paid. If there is a remaining balance, I acknowledge that I will be responsible for that balance. Change of payment will not affect other provisions and terms of any agreement.

Card Information:

Card Number: _____ Expiration Date: _____

Card Holder Name:_____

Card Type: MC VISA AMEX Discover CVV2 Code: _____ Billing Zip :_____

Member Signature: _____ Date: ____ / _____ / _____

Witness Signature: _____ Date: ____ / ____ / _____

Notice to Members
Do not sign this agreement before you have read it in its entirety. The member is entitled to a completed copy of this agreement. The member acknowledges that this document is an agreement and will become legally binding upon its acceptance by Beautilase Med Spa (Family Medicine Associates PA). The member also understands there will be no refunds issued for any charge member dues.

The undersigned member acknowledges receipt of Beautilase Med Spa (Family Medicine Associates PA) membership terms and conditions and has read, understands, and agrees to be bound by the terms and conditions as part of this agreement.

All members of a Botox Bank must be over the age of 18 years old.

Release and Waiver of Liability
I have read and understand this waiver and have been fully informed of Beautilase Med Spa (Family Medicine Associates PA) membership terms and conditions as membership benefits and limitations. I certify that I have disclosed all medicated conditions that might affect my treatments. I understand that Beautilase Med Spa (Family Medicine Associates PA) providers cannot diagnose any medical conditions present during my treatment. I assume all responsibility for updated changes in physical and mental condition and for reporting all injuries sustained at Beautilase Med Spa (Family Medicine Associates PA) at the time of my service. I also understand it is my responsibility to update any list of medications or current treatments I may be undergoing.

Disclaimer
Beautilase Med Spa (Family Medicine Associates PA) is not responsible for any injury or loss of property to any person while on the premises or participating in services at Beautilase Med Spa (Family Medicine Associates PA). As a member, I assume full responsibility for services received at Beautilase Med Spa (Family Medicine Associates PA) and shall indemnify, Beautilase Med Spa, Family Medicine Associates PA, its affiliates, agents, and employees against any and all liability arising from services rendered.

Monthly Membership Dues
Membership dues will be automatically charged to member's bank account/credit card on the _____ day of every month.

Member Signature: _____ Date: ____ / _____ / _____

Witness Signature: _____ Date: ____ / ____ / _____

Beautilase Bank Terms and Conditions

Monthly memberships are non-transferable and may not be shared. Monthly membership payments are non-refundable. Beautilase Med Spa (Family Medicine Associates PA) reserves the right to change clinic polices, regulations, and pricing at any time upon providing reasonable notice.

Freezing a Membership
There may be times when a member will need to freeze his/her membership for a short period of time due to circumstantial reason such as military leave, pregnancy, extended illness, relocation, etc. When a membership is frozen, the member is not authorized to use his/her membership services or benefits during the freeze period.

You must be a member for at least 30 days and have made at least one month's membership payment in order to be eligible to freeze your account. Memberships may be frozen once during your annual contract period, for a minimum of 30 days and a maximum of 3 months, depending on the circumstantial reason that will be determined by Beautliase Med Spa (Family Medicine Associates PA). The member may designate a date to end their freeze period at any time, or on ____ /____ / _____. If no end date is given, the membership will be frozen for the full 3 month freezing period. At the end of the membership freeze term, your dues will continue with your next scheduled electronic funds transfer date. Your initial membership expiration date will be extended by the amount of time that your membership was frozen. The terms and conditions will continue to apply through the extended membership term. To initiate a freeze, submit a written request to Beautliase Med Spa (Family Medicine Associates PA).

Termination
A 30 day written notice before your next scheduled payment is required to cancel a monthly membership plan.

Auto-Renewal
Your membership will automatically be renewed at the end of the annual term, unless you submitted a written request to terminate your membership. During renewal of your membership, your account will continually be charged the monthly membership fee.

Member Signature: _____ Date: ____ / _____ / _____

Witness Signature: _____ Date: ____ / ____ / _____