Arviv Medical Aesthetics, PLLC

Name: _____ DOB: _____

Membership start date: _____

Membership Type: **VIP $199 MONTHLY**

VIP Membership Agreement

INITIALS

____ A minimum 12-month commitment is required.

____ Initial payment of $398 will be equivalent to two (2) months membership price (1st month & 1 deposit of 1 month).

____ Recurring Payments can be made via Credit Card or Debit Card only.

____ If two (2) consecutive payments fail to process your membership will be automatically cancelled and your deposit will be forfeited. If you choose to reinstate your membership, you will be required to pay a deposit amount ($199).

____ Cannot be combined with any other specials or discounts. Membership credits are non transferable.

____ Once your twelve (12) month membership is completed, inform the office to stop auto-payments and deposit credits can be used (It is an automated system).

____ We require a 24-hour notice for any cancellation for VIP Members (instead of 48 hours). Any appointments canceled the same day or no call/no show will result in a $50 fee.

____ 20% off Injectables, lasers, threads,emsulpt, 10% off products.

____ If patients come prior to the next billing cycle, you can pay an extra $199 within the same month and get an additional service from the VIP Menu List.

Cancellation Policy

If membership is cancelled prior to the 12-month agreement, your deposit is **forfeited.**

Signature: _____