



**The Bariatric & Metabolic
WEIGHT LOSS CENTER**

The Bariatric & Metabolic Weight Loss Center Contract

Welcome to the Bariatric & Metabolic Weight Loss Center! This document contains important information regarding our professional non-surgical weight loss services and business policies. It is important to note that all weight loss methods and results may vary. Your signature denotes that you have read, understand, and agree to all policies and guidelines located below.

TREATMENT: Our experienced Board-Certified Practitioners will provide you with the proper medication, special individualized diet plans, and understanding of weight loss to maximize your results.

PAYEMENT & BILLING POLICY: Payment is due on the day services are rendered.

CANCELLATION POLICY: Once an appointment is scheduled, you are expected to attend, unless you provide a 24-hour advance notice to avoid a missed appointment charge. **A fee of \$25.00 will be charged for an appointment that is cancelled with less than 24-hour notice and a fee of \$35.00 if you do not show to your appointment.** You are responsible for the appointments you schedule. This fee will be expected to be paid within 7 business days.

LATE POLICY: Please arrive on time for your appointment. Patients arriving more than 15 minutes late may be asked to reschedule. If you are a new patient, please arrive 15 minutes early.

EMERGENCY/AFTER HOURS SERVICE: If you need emergency services, call 911 or go to the nearest hospital emergency room.

TREATMENT OF MINORS: If the patient is a minor, he/she will not be seen without his/her legal guardian present. Treatment of patients under the age of 18 will be provided with the consent of the parent or legal guardian.

MEDICATION REFILL POLICY: This program requires MONTHLY scheduled appointments to stay an active member. Prescribed medications require a MONTHLY appointment to be refilled.

COUNSELING: If counselling is recommended as part of the treatment plan after the initial consultation; I understand that I must seek counseling within house counselor. Other counselors are accepted, but we request records be sent to the office.

Your signature below indicates that you have read the information in this document, you agree to abide by its terms during your professional relationship with The Bariatric & Metabolic Weight Loss Center.

Patient's Name (Please Print) _____

Signature _____ Date: _____