



### FINANCIAL POLICIES AND AGREEMENT

All services are payable at the time or in advance and are non-refundable.

A \$15.00 fee will be applied for all returned checks and any unpaid fees may be turned over to collection.

No injuries or problems for which I am seeking services from **Health Excellence LLC / Asheville Pilates** are under the care of a physician, unless by arrangement and full disclosure. I am not participating in these services as medically necessary. I understand that no clinical notes or reports will be maintained or available for these services now or later. I understand that financial records for services provided are my responsibility.

In the event of a fee increase occurring during my absence from the studio for a period of five months or more, I understand that the new hourly rate will be applicable, even if I pre-purchased a package that still has a credit balance and sessions owing to me.

I understand that I will be charged the full fee for missed or cancelled appointments for any reason unless I have provided notification of cancellation at least 24 hours in advance.

I hereby understand and consent to comply with all of the above and understand that failure to comply could result in my account being turned over to a collection agency. In that event, I agree to pay the costs of collection, including reasonable attorney's fees.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_