

## AESTHETIC VISIT DEPOSIT POLICY

Sutton Dermatology + Aesthetics requires a deposit when scheduling an Aesthetic Consultation, Diamond Glow, Chemical Peel, Microdermabrasion, Dermaplaning, and certain procedures that require extended appointment times. This deposit will be applied to your scheduled service on the day of your appointment or can be retained on your account for future scheduled services.

### CONSULTATION

*Consultations scheduled with Aesthetic Specialists* – Deposits collected for your consultation will be applied toward any procedure scheduled or product purchased at the time of your consultation. If no procedure is scheduled or product purchased, the deposit will be applied to cover the consultation fee.

*Consultations scheduled with MD's and PA's* – If you schedule a procedure following your consultation, \$150 of your consultation deposit will be applied to the procedure and the remaining amount will cover the consultation. If no procedure is scheduled, the full deposit will be applied to the consultation visit.

### PROCEDURE APPOINTMENT

The deposit collected will be applied to your scheduled service on the day of your appointment, including treatments such as Chemical Peel, Dermaplaning, Diamond Glow, Microdermabrasion, Dermal Fillers, Platelet-Rich Fibrin Matrix (PRFM), Microneedling, RF Secret Microneedling, Kybella, Fraxel, CO<sub>2</sub> Laser and Cool Sculpting. Alternatively, you may choose to keep the deposit on your account for future scheduled services or keep your credit card on file.

### CANCELLATIONS AND NO-SHOWS

The deposit will be forfeited if you fail to provide at least 24 hours' notice of cancellation or do not attend your scheduled appointment. For Cool Sculpting treatments, a \$100.00 portion of the deposit collected is non-refundable if you decide not to proceed with treatment after you scheduled and paid a deposit.

### CREDIT CARD ON FILE

The cardholder may authorize the merchant to store this payment credential on file and use it for future payments and deposits. The cardholder confirms they are an authorized user of this payment credential. This authorization will remain valid until the payment credential account expires. The cardholder will receive a receipt for each transaction charged.

I \_\_\_\_\_ have read and understand the deposit policy of  
(Print Name)  
Sutton Dermatology + Aesthetics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date