

PROGRESSIVE MEDICAL GROUP, INC.

Aesthetic Services – Financial, Cancellation & No-Refund Policy

5434 W Capitol Drive, Suite 1, Milwaukee, WI 53216

Phone: 414-251-3500 | Fax: 414-251-3504

Patient Name: _____

Date of Birth: _____

1. PAYMENT

Aesthetic services provided by Progressive Medical Group are elective cosmetic services and are generally not covered by health insurance.

Payment is due at the time of service unless otherwise agreed upon in writing.

2. NO REFUNDS – ALL SALES FINAL

ALL AESTHETIC SERVICE SALES ARE FINAL. NO REFUNDS WILL BE PROVIDED FOR COMPLETED AESTHETIC SERVICES, TREATMENT PACKAGES, DEPOSITS, OR PRODUCTS PURCHASED FROM PROGRESSIVE MEDICAL GROUP, EXCEPT WHERE A REFUND IS REQUIRED BY APPLICABLE LAW.

I understand that aesthetic treatments are elective services and that individual results vary.

Dissatisfaction with a cosmetic result, failure to achieve a desired result, or a decision not to continue treatment does not, by itself, create an entitlement to a refund.

3. CANCELLATION AND NO-SHOW POLICY

We require **at least 24 hours' notice** to cancel or reschedule an aesthetic appointment.

A \$50 fee will be charged for:

- Appointments canceled with **less than 24 hours' notice**;
- Appointments rescheduled with **less than 24 hours' notice**; or
- **No-show appointments** where the patient does not appear for the scheduled appointment.

The \$50 cancellation/no-show fee is separate from any treatment charges.

Repeated late cancellations or no-shows may result in a requirement for a deposit or prepayment before future appointments can be scheduled.

4. RESULTS ARE NOT GUARANTEED

I understand that Progressive Medical Group does not guarantee a specific cosmetic result.

Individual results vary based on multiple factors, including anatomy, skin condition, medical history, treatment area, healing response, and other individual factors.

Additional treatments may be recommended and may involve additional charges.

5. DEPOSITS AND APPOINTMENT FEES

Any deposit or appointment fee required to reserve an aesthetic appointment will be disclosed before scheduling.

Unless otherwise required by applicable law, deposits and appointment fees are **non-refundable**.

6. TREATMENT PACKAGES

All aesthetic treatment packages are **final sale and non-refundable**, except where a refund is required by applicable law.

Package terms, included treatments, expiration dates, and applicable restrictions will be explained before purchase.

7. PRODUCTS

Products purchased from Progressive Medical Group are **final sale and non-refundable**, except where a refund is required by applicable law.

8. FOLLOW-UP OR CORRECTIVE CARE

If I have a concern following an aesthetic treatment, I understand that I should contact Progressive Medical Group for evaluation.

The provider may determine whether follow-up or corrective treatment is clinically appropriate.

Any follow-up or corrective treatment is determined by the provider and does not automatically entitle me to a refund.

9. PATIENT ACKNOWLEDGMENT

By signing below, I acknowledge that I have read, understand, and agree to this policy.

☐ I understand that all aesthetic sales are final and non-refundable, except where a refund is required by applicable law.

☐ I understand that a \$50 fee applies to cancellations or rescheduling with less than 24 hours' notice and to no-show appointments.

☐ I understand that aesthetic treatment results are not guaranteed.

☐ I understand that treatment packages and products are non-refundable, except where a refund is required by applicable law.

Patient/Legal Representative Signature: _____

Date: _____

Staff Signature: _____

Date: _____