

Southwest Aesthetics & Body Sculpture, LLC

Release of Information and Assignment of Benefits

I hereby authorize Eterna Med Spa/Southwest Aesthetics and Body Sculpture, LLC to furnish information to my insurance carrier concerning conditions. I understand that I am responsible for any fees for services rendered. I hereby assign Eterna Med Spa/Southwest Aesthetics and Body Sculpture, LLC payments made by my insurance carrier until such time I revoke this in writing.

Patient Name

Date

Patient Financial Responsibility

I understand that Eterna Med Spa/Southwest Aesthetics and Body Sculpture, LLC will, as a courtesy to me, submit the charges for my visit to my primary and secondary insurance carriers. If there is any question regarding coverage, benefits, or payment for services provided, I understand it is my responsibility to resolve this. I also understand that I am financially responsible for any covered or non-covered services which are not paid by my primary or secondary insurance carriers. I also understand that if unpaid balances are not paid or payment arrangements are not created that my account may be submitted to a collection agency if all other efforts to collect payment have been exhausted. I also agree to pay all collection fees incurred, in an amount not to exceed 50% of the unpaid balance, should any unpaid balance be referred to a collection agency. In addition, should any unpaid balance due be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid by the undersigned as allowed by the court. I also understand there is no guarantee that my treatments will be performed within my insurance calendar year.

Patient Name

Date

Patient Consent Form Allowing Communication

I expressly consent to be contacted, by Eterna Med Spa/Southwest Aesthetics & Body Sculpture, LLC, ("SWA"), or anyone calling on its behalf, for any and all purposes, at any telephone number, or physical or electronic address I provide or which I may be reached, including any wireless telephone number. I agree that SWA may contact me in any way, including calls or prerecorded or artificial voice or text messages delivered by an automatic telephone dialing system, or email messages delivered by an automatic emailing system. I expressly acknowledge that this consent cannot be revoked without proper written authorization and acceptance by SWA. I agree to promptly notify SWA at any time my contact information changes.

Patient Name

Date