**STATEMENT OF UNDERSTANDING**

**ASSUMPTION OF FINANCIAL RESPONSIBILITY FOR EMSELLA TREATMENT**

I understand that I have a financial responsibility for BTL EMSELLA treatments. This is an optional treatment not covered by insurance. Patients are required to submit payments prior to scheduling treatment sessions.

I understand that I am required to pay $1,200 for the year (four treatments every three months) or $400 quarterly (four treatments over two weeks), each 28 minutes long. This is payable directly to Atkinson Family Practice.

This payment must be paid in full prior to scheduling any treatment sessions. If assistance is needed with cost, we accept CareCredit and you can apply online at <https://www.carecredit.com/>

If you choose to discontinue treatment, you can submit a request for a refund for any remaining treatment sessions.

Patients are expected to show up for any scheduled treatment sessions. If you show up late, you will not be given a refund for any missed time.

We ask for 48 hour notice for cancellation or rescheduling of these appointments. If you do not show for your scheduled appointment, you will be charged a No-Show Fee of $50.