



ELEMENTS OF YOU

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Welcome to Chemistry Wellness!

At Chemistry Wellness, we believe in a holistic approach to health and aesthetics, rooted in scientific principles that are tailored to the individual. We are delighted to welcome you as a new patient. Please complete the following forms to help us better facilitate your experience with us.

Patient Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

Consent for Treatment

I, the undersigned, provide my informed consent for **Chemistry Wellness** to deliver treatment and services deemed necessary by the qualified health professionals. I acknowledge I have been fully briefed on the nature and purpose of the treatments provided.

Patient Signature: _____ **Date:** _____

Office Policies

Private Pay Model

1. Exclusivity of Services:

Chemistry Wellness operates on a private pay basis, emphasizing personalized care. We do not accept insurance payments. Payment is expected at the time of service.

2. Accepted Payment Methods:

We accept all major credit / debit cards, and cash. We do not accept checks. Receipts are provided for all transactions. Maintaining a credit card on file is required for booking appointments.

3. Transparent Fee Disclosure:

You will receive a comprehensive overview of our fees prior to your services.

4. Non-Refundable Fees:

All payments for services rendered are non-refundable.

5. Responsibility for Payment:

I understand and agree I am responsible for all fees incurred while receiving care at Chemistry Wellness.

Patient Signature: _____

Date: _____

Late Cancellation and No-Show Policies

1. Cancellation Policy:

We request a minimum of 24 hours' notice for any appointment cancellations. Late cancellations will incur a fee to respect our time and resources.

2. No-Show Policy:

If you do not attend your scheduled appointment without prior notice, a no-show fee will be assessed.

3. Fee Schedule:

- Late Cancellation Fee: \$50
- No-Show Fee: \$100

Should you cancel late or not show up for your appointment more than twice, Chemistry Wellness reserves the right to reevaluate our professional relationship.

Patient Signature: _____

Date: _____



Acknowledgment

I acknowledge that I have read and fully understand the contents of this new patient paperwork, including the consent for treatment, financial policies, and cancellation/no-show policies.

Patient Signature: _____

Date: _____

Thank You for Choosing Chemistry Wellness!

We look forward to partnering with you on your wellness journey. Please do not hesitate to reach out at 210.606.3901 if you have any further questions.