

Aikana Esthetic Center (Pur Beauty LLC) Policy

- All appointments scheduled should arrive on time or 5-10 minutes early : You are responsible for ensuring you receive the full time of your appointment.
- When scheduling your treatment take into consideration your Cycle.
- **No individual apart from the patient getting treatment is allowed in any of the treatment rooms.**
- **The use of cellphones is prohibited while receiving treatment**, phones must be on vibration/silent mode.
- **Changing and bathroom breaks should be done quickly, therapists are not required to assist you in those times**
- Keep in mind that we try to accommodate as many clients due to their condition after a cosmetic procedure; you might be sharing the room with someone else. We don't guarantee single rooms per request.

X _____

Packages

- If taking a treatment package, the sessions must be completed within its assigned time frame, If sessions are not completed within that time frame, they will be **LOST** or can be continued with a **50% charge per session**
- *2-3 Sessions per week are **REQUIRED** in order to maintain consistency and ensure satisfactory results. We always recommend booking sessions in advance to ensure you are able to meet these requirements.
- **3 Sessions (3 WEEKS)** Must be paid off by the 2nd visit **6 Sessions: 2-3 Weeks: Must** be paid off by the 3rd visit

X _____

Penalties

- If you're more than 10 Mins late, the appointment will be rescheduled and be considered cancelled with a pending fee.
- Aikana does send confirmation text the day before your appointment, if there is no confirmation your appointment will be open for others to schedule online and will be considered cancelled with a \$50 dollar fee.
- If there are cancellations on multiple occasions and inconsistencies with attendance Aikana reserves the right to terminate any pending appointments.
- **There will be a \$75 Dollar 24-hour Cancellation/Rescheduling Fee, that will be charged for each appointment missed on the next payment. No-Shows are also covered under this fee.**
- **If unable to attend your appointment due to a medical emergency we will need either a doctor's note/clearance to resume treatment.**
- **There are NO EXCEPTIONS to the no-show/Rescheduling Fee including personal emergencies or traffic . No show fees and Rescheduling are NOT carried over to future appointments or applied towards future treatments. This fee is non-refundable.**

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Payment/Charges

- **All Singular appointments require a \$50 non-refundable/non-negotiable deposit**
- ALL payments with a credit/debit card are subject to a **Convenience fee of 1.5%**
- Payments must be paid the day in which it was agreed in the payment log, If **failed to pay the agreed amount by that date, a \$10 charge will be added to payment.**
- **Once payment is made there are NO refunds or exchanges for packages, products, or services.**

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Behavior

- Our staff is qualified to perform various **professional** treatments. Be respectful and refrain from harsh comments and unwelcome insinuations. For any concerns please speak to our Spa Director.
- Refrain from harassing / making customers or staff uncomfortable. Deliberate repeated behavior that is intimidating, hostile, offensive or adversely impacts staff work performance will not be tolerated
- **We may ask for Pictures or Videos taken before and after to be publicized in any of our social media accounts (IG, FB, Yelp)**
Face, private parts, tattoos, beauty marks, jewelry will be covered or removed to maintain the privacy of patients. We will notify you if you are chosen as potential media
- Conversations should be kept **minimal and quiet, respectful to other patients**. We want to ensure quality procedures and a respectful environment for each of our patients as well as our staff.

Failure to comply with these policies will result in the termination of procedure or treatments without a refund. *There are no refunds, transfer, or exchanges*

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I _____ Am starting my package of ____ Sessions on _____ and Agree to finish them by _____ with all the terms and conditions above.← PLEASE WAIT TO FILL OUT WHEN YOU ARE AT OUR OFFICE*

Patient's signature : _____ Date: _____