

Medical Record Number

DEPOSIT AGREEMENT FOR MEDICAL WEIGHT MANAGEMENT APPOINTMENTS

A DEPOSIT IS REQUIRED FOR YOUR HEALTH ASSESSMENT

Please read and sign the following:

I understand my \$280.00 deposit covers the cost of my Health Assessment exam to determine if I'm eligible for the program. If I cancel/reschedule my appointment at least one week prior to date, or am found to be ineligible for the program by the medical provider, the \$280.00 will be refunded.

My \$280.00 deposit becomes non-refundable if I fail to keep my appointment, cancel/reschedule within the 1 week period, or decide not to proceed with the program.

The Health Assessment is valid for 6 months. The labs ordered for the Health Assessment are valid for 3 months. If you are cleared by the physician and decide to enter the program after that time, you must have a new Health Assessment and/or labs, and must pay another \$280.

Patient's Signature: _____ Date: _____

METHOD OF PAYMENT: **CHECKS (payable to Kaiser Permanente) preferred**

Credit Card information provided only on site at Orientation below.

Complete name as it appears on credit card: Mailing Address:

Type of credit card: **PLEASE COMPLETE THIS SECTION IN PERSON/AT ORIENTATION ONLY**

Visa Mastercard American Express Discover
 Cash Check Other: _____

Credit Card Number: _____ Expiration Date: _____

Patient's Signature/Verbal phone agreement: _____ Date: _____