



**OFFICE POLICIES**  
**Purple Sage Center, Inc.**

**Hours**

Monday – Friday 9:00 AM to 5:00 PM

**Forms**

- You will receive a variety of forms, including Informed Consent(s) and Notice of Privacy Practices, for you to read, complete, and sign. If you have any questions concerning these forms we will explain them to you.

**Appointment Cancellation**

- Call 24 hours (during office hours) prior to an appointment, otherwise you will be considered a “No-Show” and charged \$30.00

**Payment Policy**

- Payment for appointments and/or supplements and/or products, is due in full at the time of service and/or purchase. For your convenience, we will provide you with a completed “superbill” for you to mail to your insurance company for reimbursement whenever services are rendered and paid for.
- If a patient’s/client’s or guarantor’s check is returned due to non-sufficient funds, you will be charged \$30.00. In addition, if payment is not received within 30 days, finance charges will begin accruing at 1.5% per month. Excessively overdue accounts will be forwarded to an outside collection agency and the patient/client or guarantor will be responsible for any fees generated as a result of collection efforts.

**Return Policy**

- Supplements:
  - Un-opened product within 90 days of the purchase date – 100% of the purchase price
  - Opened product within 90 days of the purchase date – 50% of the purchase price
- Skin Care and Cosmetics – returns decided on an individual basis.
- Other Products – returns decided on an individual basis.

**Telephone Calls**

- Treatment Questions
  - **Call 911 for emergency situations**
  - During office hours – call Purple Sage Center, Inc. at 602.938.8200
- Urgent Treatment Questions
  - **Call 911 for emergency situations**
  - During office hours – call Purple Sage Center, Inc. at 602.938.8200
  - After office hours – call Dr. Alexandria’s cell phone at 602.625.5386
- If you call the office or Dr. Alexandria’s cell phone to discuss a new condition, you will be charged a consultation fee.

I have read and understand the above information and agree to the terms of payment.

**X** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**