**KP Drip Bar and Aesthetics Clinical Policies**

*PATIENT CONSENT FOR IV INFUSION AND INJECTION THERAPIES WITH KP Drip Bar and Aesthetics.*

**If you have any questions, please feel free to ask us. Please initial each point acknowledging you understand that:**

\_\_\_\_\_\_\_ If you are miss your appointment, you may be subject to a $50 fee.

\_\_\_\_\_\_\_\_Services must be paid for at the time of service.

\_\_\_\_\_\_\_\_Health insurance typically does not cover services provided at KP Drip Bar and Aesthetics. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

\_\_\_\_\_\_\_\_I understand that treatments used at KP Drip Bar and Aesthetics might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life.

\_\_\_\_\_\_\_ I agree that if I am having any side effects or become sick that I will follow up with my primary care provider or go to an urgent care or emergency department.

\_\_\_\_\_\_\_\_I acknowledge that KP Drip Bar and Aesthetics and Katushia Paul NP are not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed and performed at KP Drip Bar and Aesthetics.

\_\_\_\_\_\_\_\_I understand that there are no refunds for services or products rendered.

\_\_\_\_\_\_\_\_I understand that having an appointment with KP Drip Bar and Aesthetics does not necessarily entitle me to having an IV infusion or injection procedure performed. Every individual is different, and it is at the medical provider’s discretion to issue treatment.

\_\_\_\_\_\_\_\_I understand that I must maintain my follow up appointments and following post procedural care instructions to remain on treatment. It is important that Katushia Paul NP manages my treatment and it is at their discretion to provide me ongoing/ follow up therapies if desired.

\_\_\_\_\_\_\_\_I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

\_\_\_\_\_\_\_\_I am voluntarily requesting treatment with KP Drip Bar and Aesthetics and Katushia Paul NP in regard to IV infusion therapy and injection therapy as determined by a mutual decision between myself and the medical provider even if it is not considered a medical necessity.

\_\_\_\_\_\_\_\_I do not hold any medical practitioner of KP Drip Bar and Aesthetics responsible for performing age-related preventive care. I agree that I will follow up with my primary care provider to obtain these screenings and I hold KP Drip Bar and Aesthetics and Katushia Paul NP harmless if an adverse event occurs during my treatment.

**I have read, understand, and agree to all of the above statements.**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_