

Patient name: _____ Account number: _____ (for office staff)



MyBDA Membership Contract

1. **APPLICATION.** I apply for membership in the MyBDA program at Bellaire Dermatology. I represent and warrant that proper consent for treatment and all facts and information set forth in the Membership Application are true, correct, and complete.
2. **PAYMENT.** (*Select Option*)
 - _____ **Total Payment.** I must pay the total (\$594 for 6 months or \$1,188 for 12 months) due today upon signing this Contract
 - _____ **Monthly Payment.** I agree to pay my monthly amount (\$99) on the 1st or 15th (pending date of initial sign-up) of each month thereafter through automatic withdrawal from an account I maintain in a financial institution pursuant to this signed authorization form. If I change financial institutions, I will provide Bellaire Dermatology in writing all information needed for the replacement automatic withdrawal at least ten (10) days before the effective date of the change. I agree to an initial membership of six (6) months and acknowledge that the automatic withdrawals (payments) will continue for that period unless I terminate my membership as permitted in this Contract or I convert to another payment option with the consent of Bellaire Dermatology pursuant to a written contract. If I fail to make payment without notification to Bellaire Dermatology, Bellaire Dermatology will have full discretion for unpaid accounts and can take necessary actions to collect any unpaid balances for membership on services provided.
3. **TERM.** All memberships have an initial term of ☐ 6 months or ☐ 12 months (select one) from the date of the Start Date and will be automatically extended on a month-to-month basis unless cancelled in writing. The effective date (i.e. "start date") of this initial term shall be the date this document is signed.
4. **BENEFITS OF MEMBERSHIP.**
 - a. One of the following complimentary services with our Aestheticians per month: Skin Ceuticals MicroPeel Plus or Microdermabrasion or Clinical Acne Treatment or Dermaplaning Treatment or BDA Signature Facial
 - b. Ten (10) percent off selected services and retail products
 - c. Bellaire Dermatology reserves the right to change Benefits of Membership presently in force or in the future prescribed by posting notice at least thirty (30) days in advance of change.
5. **CANCELLATION.**
 - a. Early term cancellation penalty is \$250
 - b. I may cancel this Contract without penalty in accordance with the following:
 - i. You change your permanent residence to a location more than fifty (50) miles from Bellaire Dermatology. Cancellations must be accompanied by written proof (i.e. driver's license, utility bill, car insurance, etc.)
 - ii. If I die, become permanently disabled, or encounter a serious medical illness which prevents use of program. This condition needs to be verified through submission of a letter from your doctor.
 - c. Bellaire Dermatology reserves the right to revoke or suspend this membership for cause if I fail to keep the rules of this Contract. There are no refunds for membership fees, and Bellaire Dermatology will not prorate a cancelled membership.
6. **Non-Refundable / Transferability of Program.**
 - a. Monthly membership fees, along with complimentary services provided as a benefit of the membership, are non-refundable even if unused.

By signing above, I acknowledge Reading, Understanding, and Agree with the membership.

BECAUSE RESULTS MATTER

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- b. Your complimentary service (including any transferred service) can only be applied to current month. Any unused service does not roll-over to the next month.
- c. Complimentary services cannot be repackaged to apply credit towards other services.
- d. You are allowed to transfer one complimentary service per six-month (or two services per 12-month) in accordance to program requirements. A transfer of complimentary services does not include any rights to the aforementioned 10% discount. For further explanation of these program requirements, please discuss with our staff.

Patient Name

Date of Birth

Signature

Date

By signing above, I acknowledge Reading, Understanding, and Agree with the membership.

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