## Financial Agreement

Client [	Name:	- — — — — — — — ·	 	 	
Date: _			 	 	
Dear va	alued client,				

We are delighted to have you at The OC Ayurveda, and we want to ensure a clear understanding of the financial responsibilities associated with our services. This Financial Responsibility Contract outlines the terms and conditions related to payment for the services provided.

- 1. Service Charges:
- The client agrees to pay the specified fees for Ayurvedic services as outlined in the provided invoice or as discussed during the consultation.
- 2. Payment Schedule:
  - Payment is due at the time of service unless alternative arrangements have been made in advance.
- 3. Late Payments:
- A late fee of \$30.00 will be applied to payments not received within 5 days of the due date.
- 4. Cancellation and No-Show Policy:
- The client acknowledges and agrees to adhere to the appointment cancellation policy outlined separately. Failure to cancel within the specified time frame may result in a cancellation fee.
- 5. Additional Services:
- Any additional services or products requested by the client will incur additional charges, as specified by The OC Ayurveda.
- 6. Insurance and Reimbursement:
- The client understands that Ayurvedic services may not be covered by insurance. The client is responsible for checking with their insurance provider regarding coverage and potential reimbursement.
- 7. Payment Methods:
- Payments can be made by cash, credit card, or personal check. The OC Ayurveda reserves the right to update accepted payment methods.
- 8. Refund Policy:
- Refunds will be issued at the discretion of The OC Ayurveda and will be subject to the terms outlined in our separate refund policy.

By signing below, I acknowledge that I have read, understood, and agree to comply with the terms and conditions outlined in The OC Ayurveda Financial Responsibility Contract.

Client's Signature	D	Oate:
--------------------	---	-------



## Refund Policy

The OC Ayurveda Refund Policy

Effective Date: 01/01/2024

At The OC Ayurveda, our commitment is to provide exceptional services to our clients. We understand that circumstances may arise where a refund is requested. This Refund Policy outlines the terms and conditions under which refunds will be considered.

- 1. Refund Eligibility:
- Refunds are eligible within 30 days of the date of purchase.
- 2. Eligible Circumstances for Refund:
- Refunds may be considered in the following circumstances:
  - Unsatisfactory Service: If the client is dissatisfied with the service received, provided that the dissatisfaction is communicated promptly and within the refund eligibility period.
  - Overpayment: In the event of accidental overpayment, a refund for the excess amount will be processed.
- 3. Non-Eligible Circumstances for Refund:
- Refunds will not be issued under the following circumstances:
  - Services already rendered.
  - Failure to adhere to the cancellation policy (if applicable).
  - No-shows or missed appointments.
- 4. Refund Process:
- To request a refund, the client must submit a written request explaining the reason for the refund, along with any supporting documentation, within the specified refund eligibility period.
- 5. Refund Amount:
- The refund amount, if approved, will be determined based on the circumstances and the terms outlined in this policy.
- 6. Method of Refund:
- Refunds will be issued using the same method of payment used for the original transaction. If the original payment was made by credit card, the refund will be credited to that credit card.
- 7. Refund Approval:
- Refund requests will be reviewed and approved at the discretion of The OC Ayurveda. The decision will be communicated to the client within 5 business days.
- 8. Contact Information:
- For refund inquiries or to submit a refund request, please contact us at 949–309–0157.

By signing below, I acknowledge that I have read, understood, and agree to comply with the terms and conditions outlined in The OC Ayurveda Refund Policy.

recenter oneg.		The OC Americals
Clientle Signature	$D_{ata}$	the OC Ayui veda
Client's Signature:	Date:Date:	Awakening into wellness