FLORIDA
PLASTIC SURGERY
AND MEDSPA

Insider Access Membership Terms and Conditions

Member Information

Patient Name: _____

Date of Birth: _____

Enrollment Date: _____

Monthly Membership Fee: $150.00 per month

Insider Access Membership Agreement

Thank you for enrolling in the Florida Plastic Surgery & MedSpa Insider Access Membership Program ("Membership"). By signing this Agreement, you acknowledge that you have read, understand, and agree to the Terms and Conditions.

1. Membership Term

Enrollment requires a minimum commitment of six (6) consecutive monthly payments. After the initial six-month commitment, Membership automatically continues month-to-month until canceled. Benefits and pricing are guaranteed during the initial six-month commitment; thereafter the Practice may modify benefits, pricing, or program terms upon reasonable notice.

2. Monthly Membership Fee

The Member agrees to pay $150.00 per month through automatic recurring payments. Each monthly payment is added to the Member's Membership account and may be applied toward eligible non-surgical medical spa services. Membership payments are not deposits toward a specific treatment and have no cash value.

3. Membership Benefits

- Preferred Member pricing on eligible services.
- Preferred Member pricing on eligible retail products.
- Complimentary monthly bonus credit toward eligible esthetician services.
- Additional Membership benefits offered by the Practice.

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4. Membership Account Balance & Complimentary Bonus Credits

Member-paid funds roll over while Membership remains active, may only be used toward eligible provider-recommended non-surgical medical spa services, have no cash value, and are non-transferable.

Complimentary monthly bonus credits expire each billing cycle if unused, do not roll over, have no cash value, and are forfeited upon cancellation. Member-paid balances remain available after cancellation until exhausted.

5. Eligible Services

Benefits apply only to eligible non-surgical medical spa services and may not be used for surgical procedures, deposits, OR fees, anesthesia fees, hospital/surgery center fees, or other surgical-related charges. All treatments remain subject to provider evaluation.

6-13. Additional Terms

Automatic recurring payment authorization, failed payment policy, early cancellation provisions, seven-business-day cancellation notice after the initial commitment, promotions, non-transferability, refunds, remaining member funds, and Practice rights apply as outlined in the Nextech agreement.

Recurring Payment Authorization

I authorize Florida Plastic Surgery & MedSpa to automatically charge my payment method for my Insider Access Membership in accordance with this Agreement.

Membership Payment Method

Card Holder Name	
Payment Method	☐ Credit Card ☐ Debit Card
Last Four Digits	
Card Expiration (MM/YY)	
Scheduled Monthly Billing Date	

Member Acknowledgment

- I have read and understand this Agreement.
- I understand this Membership requires a minimum six-month commitment.
- I authorize recurring monthly payments of $150.00.
- I understand my Membership payments accumulate in my Membership account.
- I understand complimentary monthly bonus credits expire monthly if unused.
- I understand the cancellation requirements.
- I received a copy of this Agreement.

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Member Signature	Date
Witness Signature	Date