



Pilates Sante Payment Policy: I understand that Pilates Sante payments are due at the time of service and are nonrefundable and nontransferable.

Pilates Sante Package Policy: I understand that If I opt to purchase packages for pilates sessions at Pilates Santé, these packages require a minimum commitment of six months (180 days).

I understand that If I opt to purchase packages for Pilates sessions at Pilates Santé, these packages will automatically renew until such a time as I choose to cancel them after the initial 6 month commitment.

I understand that If I opt to purchase packages for Pilates sessions at Pilates Santé, these packages will have their 10 uses expire 10 weeks from initial purchase.

Pilates Sante Insurance Policy: I understand that I am responsible for all interactions with my insurance company.

I understand that Pilates Santé is an **out of network provider**. Pilates Santé will provide the necessary superbill/invoice paperwork. However, I acknowledge that I am responsible for all interactions with my insurance company.

I understand that Pilates Santé is not a **Medicare** provider. Effective 1/11, changes to Medicare regulations prohibit submission of claims to Medicare for services rendered by providers, such as Pilates Santé, who are not enrolled with Medicare.

I understand that I am responsible for 100% of the cost of my services, and that these expenses are not to be submitted to insurance.

Pilates Sante Cancellation Policy: I understand that If I do not give a minimum of 24 hour cancellation notice I will be charged the full fee of my Pilates session.

Pilates Sante Observation Policy: I understand Pilates Sante is a teaching facility, so I may be observed by students and potential instructors during a session at any time.

Pilates Sante Photo/Video Policy: I understand that Pilates Sante staff may take still photos and/or video during sessions.

PRINTED NAME

PARTICIPANTS SIGNATURE.

DATE