Exhale Med Spa

PO Box 1266

Lapeer, MI 48446

Instructions: Use this form to request a reimbursement for prepaid Gift Cards and Services purchased from Exhale Med Spa. Please fill out all sections to the best of your ability. Then mail the form with the physical gift card to the above address.

Your reimbursement cannot and will not be processed without the physical card being returned as this is the only way for us to confirm the remaining balance.

If you are requesting refund for prepaid laser or aesthetic services, please list the approximate date these services were purchased.

If you have remaining Bank Your Botox and you want reimbursement please submit this form and state **reimbursement**. If you would like to arrange to use the remaining units, please send your best contact info and an anticipated timeline for your next treatment and we will contact you with the location and set up a date to complete the service.

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Service for Reimbursement:\_G card \_Laser\_Tox\_Other\_(circle 1 or more)

* I want to complete my BYB series. Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Date of Purchase:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated remaining Balance if known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for returned funds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow 2-4 weeks for reimbursement to be processed and returned. Form must be postmarked by April 31, 2023 for reimbursement.