

CLIENT APPLICATION



Name (First, Middle Initial, Last): _____

Address: _____

City/State/Zip: _____

Phone Number (H): _____ (C): _____

Email: _____

Diagnosis: _____

How did you hear about us? _____

Have you ever worn a cranial prosthesis or wig before? Yes No

If so, how long ago? 0-6 months 6-36 months 3+ years

Explain:

Physician's Name: _____
Office Name: _____
Location: _____
Phone: _____
Fax: _____

TERMS:

Ahead of Beauty reserves the right to provide no more than (1) unit per recipient within a 3-year period. Ahead of Beauty is not responsible for services performed that did not receive prior approval and/or fall outside the scope of the approved unit. Maintenance services are the full responsibility of the Recipient. Contract stylist may provide any additional services as needed or requested at the sole financial responsibility of Recipient.

I have read, understand, and agree to the terms of this application:

- A Picture of your current government issued Photo ID is required ahead of your consultation
- Front & Back photo of your medical insurance provider card (if applicable)
- Pictures of hair styles you are interested in are required ahead of your consultation
- Previous photos of yourself with a preferred hairstyle are helpful ahead of your consultation

Recipient Signature: _____

Date: _____

Ahead of Beauty's Mission is to support the healing powers of appearance while respecting each person's dignity and privacy during all services. To provide 100% no cost cranial prosthesis to qualifying individuals suffering hair loss due to cancer drugs and/or treatments, alopecia, burns and other medical conditions.

submittals@aheadofbeauty.org



Ahead of Beauty
 Submittials@aheadofbeauty.org
 509-426-4101
 Fax: 1-866-635-0615

Date: _____

Physician Verification of Medical Necessity

Patient Information	
Name:	DOB:
Phone:	Email:
Address:	City, State & Zip
Insurance:	
ID#:	Group#:
Insurance Allowable:	Co-Pay:

HCPCS Code & Product	Qty	Diagnosis Code	Length of Need
<input type="checkbox"/> A9282 Cranial prosthesis <input type="checkbox"/> L8499 Unlisted procedure for misc. prosthetic services. <input type="checkbox"/> A6250 Skin protectant, any type, any size	1	C _____ (Oncology code) L _____ (Dermatology code)	1 Year
Pre-Authorization#:			

PLEASE CHECK ONLY ONE BOX

- The above recipient has damaged scalp or intact skin exposed to discomfort due to prescribed drugs and/or treatment deemed medically necessary.
- The above recipient has damaged scalp or intact skin exposed to discomfort within the last **six months** due to prescribed drugs and/or treatment deemed medically necessary.
- The above recipient has damaged scalp or intact skin exposed to discomfort within the last year due to a medical condition and is currently suffering.

Physician Information	
Facility Name:	NPI#:
Address:	City, State & Zip:
Physician Name:	Physician Phone:
** Any written or typed modification to this Application/Verification voids this application/Verification entirely.	
Physician Signature	
Date:	

Please return completed form to Submittials@aheadofbeauty.org OR Fax to 1-866-635-0615

EXCHANGE/RETURN POLICY AGREEMENT

RESTOCKING FEE

Once you have made a custom wig order with Ahead of Beauty, you are extended a 24-hour order grace period in which you may cancel your custom wig order. In the event that you desire any last minute changes or need a cancellation, please either call your order provider at 509-426-4101 or email Ahead of Beauty at Orders@AheadofBeauty.org.

If you cancel your custom wig order within the 24-hour grace period, you will be refunded the full cost of your order, minus a 20% restocking fee. For example, if your wig order totals \$500, upon cancellation, you will be refunded \$400.

Cancellations on custom wig orders are not permitted past 24 hours grace period.



EXCHANGES & RETURNS

Exchanges are not permitted on custom wig orders. Exchanges will only be allowed for in-stock, non-custom wig orders. In-stock wigs may be exchanged within 3 days, provided we have another in-stock replacement available. If no replacements are available, you may return your in-stock wig for a refund. If 3 days have passed since your order, we unfortunately will not be able to provide you with an exchange or return.

We do not offer exchanges or returns on items that have been, used, altered, or damaged.

Do not cut, wear, or remove original tags or packaging.

Your item must be unused, and in the same condition that you received it. It must also include all its original packaging.

To complete your exchange, you will need to provide proof of purchase.

Once your request is received and the item is inspected, we will contact you via email to discuss your approval or rejection of your request. We reserve the right to reject all return/exchanges.

If approved, you will be contacted to facilitate your request. If shipping is required, you are responsible for covering the cost to initiate shipping. We reserve the right to choose the method of shipping.

If rejected, your item will be returned to you. If shipping is required, you will be held responsible for the full cost to ship the item back to you. Return time is subject to your location and the shipping company. When shipping items to us, we highly recommend using trackable shipping methods and purchasing shipping insurance. We do not guarantee that we will receive your shipped item.

Ahead of Beauty is not responsible for any lost items. If your tracking information shows that your item was delivered when you have not received it, you must address this issue with the shipping company. We are not responsible for items showing delivered or untraceable.

I _____, have read, understand, and agree to these terms.

Recipient Signature: _____ Date: _____