

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

A credit/debit card or Gift Certificate is needed to reserve an appointment. Your card will **NOT** be charged for the appointment unless the appointment is NOT canceled 24 hours in advance.

24 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice, or you no show for your appointment, you will be charged the **full amount** of your appointment.

No-shows

No Call within 24 hours or "no show" will be charged the **full amount** for the missed appointment.

Late Arrivals

If you arrive late, your session will be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, Amanda will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the full amount of session scheduled**. Out of respect and consideration to Amanda and other customers, please plan accordingly and be on time.

Payment

Full payment is expected before or after treatment in the form of gift certificate, cash, credit/debit card or check. All clients, whether they have received treatment or booked an appointment, are bound by this policy without any prejudice or exemption.

*Please understand, Massage CareCentre is a small business. Therefore, missed appointments without proper notice are costly for us and prevent us from being able to schedule other clients. **If you are unable to keep your appointment please call (701) 222-2252 at least 24 hours before your scheduled session.** If you do not reach us, leave a message on our machine. If we do not receive a message from you and you do not keep your appointment, the above policy must and will be applied.*

We look forward to serving you

Authorization Date Range: 1/1/2018 to 12/31/2033

Patient or Legally Authorized Individual Signature

Date

Print Patient's Full Name

Witness Signature

Date