

Pecatonica Chiropractic Center

Massage Therapy Cancellation/No-Show Policy

We understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car problems, snowstorms, and illness are just a few reasons why one might consider cancelling an appointment. In our desire to be efficient and fair to all clients and therapists, we have adopted the following policies:

- **All massage patients are required to have a credit/debit card on file.**
- **24 hours advance notice is required when cancelling an appointment.**
- **If an appointment is missed or 24 hours advance notice is not given, the full amount of your appointment will be charged to the credit/debit card on file.**
- **Should the credit/debit card on file decline payment, no further massage services will be rendered until payment is received.**

No-shows

Anyone who either forgets or chooses to forgo their appointment will be considered a "no-show" and charged their full appointment fee. Future massage services will be denied if payment is not made. **Your credit/debit card will automatically be charged 15 minutes after your missed appointment. No Exceptions!!**

Arriving Late

Appointment times have been pre-arranged specifically for you. Even if you arrive late, your session will remain the designated scheduled time. Your massage may be shortened to accommodate other appointments that follow yours or cancelled altogether, depending upon the time of your arrival. Your massage therapist will determine if enough time remains to start a session. **Regardless of the length of treatment given, you will be responsible and charged for the full scheduled session.**

Out of respect and consideration to your therapist and other clients, please plan accordingly and arrive 10 minutes prior to your scheduled session. This allows time for you and the therapist to meet and discuss any concerns and for you to get the most out of your massage session.

WE LOOK FORWARD TO SERVING YOU.

Client Name (Print)

Client Signature

Date

Massage Therapist Signature

Date

Credit Card Authorization Form

_____ I understand that my massage therapist's time is valuable. I will make every effort to give 24 hours advance notice should I need to cancel my scheduled appointment.

_____ I agree, permit, and authorize Pecatonica Chiropractic Center the right to charge my credit/debit card for the full amount of my scheduled massage appointment should I no-show or not cancel 24 hours prior to my appointment.

_____ I have read fully, understand, and agree to the policies set forth by Pecatonica Chiropractic Center.

Name as it appears on card: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: ____/____

CVV # _____ (3-digit code)

Signature: _____

Date: _____