



Healing the whole person
Balancing mind, body, & spirit

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Coastal Acupuncture and Natural Health Center

No-Show and Late Cancellation Policy and Procedure

I do understand that unexpected emergency events may occur and you may need to cancel your appointment. Please provide at least 48 hours notice in such cases and reschedule your appointment as soon as possible.

Please understand that my schedule fills very quickly and your appointment is reserved especially for you. Failure to show for your appointment or a cancellation with **less than 48 hours notice** means that your appointment time is left empty and another person missed out on the opportunity to be seen. I appreciate your respect and understanding for my time.

On rare occasions I may need to reschedule your appointment due to the need for professional training, personal time or unforeseen illness or client crises. However, I will make every effort to give you advanced notice of these rare occurrences.

Your Agreement

I _____ understand that my appointment is specifically reserved for me. I understand that I will be personally charged a \$90 cancellation fee for any missed appointments and/or late cancellations. I authorize Coastal Acupuncture and Natural Health Center to charge any missed and/or late canceled appointment to the following credit card:

Name on the Account: _____

Type of Credit Card (MasterCard, Visa) _____

Account Number: _____

Expiration Date (MM/YYYY) _____

3 Digit Service Code Number by Signature on back of Card _____

Date: _____

Name: _____

Signature: _____