



DONALD K SHIFLET, DC  
CHIROPRACTIC PHYSICIAN

### MESSAGE THERAPY POLICY AGREEMENT & ACKNOWLEDGEMENT

Print Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Once you have booked a massage appointment with us it means that we have reserved our therapist's time exclusively for you. We understand that unanticipated events happen occasionally in everyone's life. We value your business and strongly believe that your time is as valuable as ours. In our desire to be effective and fair to all clients and staff, massage appointments are subject to the following cancellation policy:

#### Cancellation Fee

Cancellation is free up to **24 hours** in advance. Appointments are in high demand and your advanced notice will allow another patient access to that appointment time. *New clients and/or first appointments that result in a no show or late cancellation will be charged 100% of the scheduled fee; otherwise, for existing clients after 24 hours a 50% late cancellation fee will be charged.*

#### Late Cancellations/No-Shows

A cancellation is considered late when the appointment is cancelled less than **24 hours** before the appointed time. A no-show is when a patient misses an appointment without cancelling. In either case, you will be charged a cancellation fee as outlined above.

#### How to Cancel Your Appointment

If you need to cancel or reschedule your appointment time, please call us at (520) 877-2666. If necessary, you may leave a voicemail message. We will return your call as soon as possible. Cancellations by email *cannot* be accepted.

#### Prompt Pay Massage Fees

30 minutes \$40.00      60 minutes \$70.00      90 minutes \$100.00      120 minutes \$130.00

#### Appointment Reminders

As an added convenience, our office offers text message reminders. If you would like to sign-up for this service, ask any member of our front desk to opt-in. In addition to this convenience, you can easily cancel an appointment by text message by following the instructions on your original text. *Remember, a 24-hour notice is always required for any cancellations or appointment changes.*

By signing below, I acknowledge I have read, understand, and agree to the above massage therapy policy. Furthermore, I understand and authorize **Back Benders Inc dba The Back Alley Chiropractic & Massage** to charge me for agreed upon policy. I understand this notice is the only notice I will receive of this policy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date