

## DONALD K SHIFLET, DC CHIROPRACTIC PHYSICIAN

## **MASSAGE THERAPY POLICY AGREEMENT & ACKNOWLEDGEMENT**

Print Name		Phone	e # <u>(                                   </u>	
exclusively for you. We business and strongly be	understand that unanticip elieve that your time is as	oated events happen occasion	e have reserved our therapist' onally in everyone's life. We valu ire to be effective and fair to all licy:	ie your
<b>Cancellation Fee</b>				
another patient access t late cancellation will be	to that appointment time charged <b>100%</b> of the sche	. New clients and/or first apeduled fee; otherwise, for ex	nd and your advanced notice wi pointments that result in a no satisfied the clients after 24 hours a <b>50</b> chedule at the time cancellation of	<i>how or</i> <b>0%</b> late
Late Cancellations/No-S	hows			
	patient misses an appoin		n <b>24 hours</b> before the appointe In either case, you will be cha	
How to Cancel Your App	pointment			
leave a voicemail messa	ge. We will return your ca		(520) 877-2666. If necessary, you ellation by text message is available and the commot be accepted.	-
Prompt Pay Massage Fe	es			
30 minutes \$50.00	60 minutes \$80.00	90 minutes \$115.00	120 minutes \$150.00	
Appointment Reminder	's			
any member of our from	nt desk to opt-in. In addit ng the instructions on you	ion to this convenience, yo	ould like to sign up for this servi u can easily cancel an appointm a 24-hour notice is always requi	ent by
Furthermore, I understa	and and authorize <b>Back B</b>		the above massage therapy lley Chiropractic & Massage to ceive of this policy.	
Patient Signature			 Date	