

SELAH CHIROPRACTIC SPORTS THERAPY CLINIC

CANCELLATION POLICY

We understand circumstances arise that may require you to cancel/reschedule an appointment. We ask that you provide at least 24 hours notice prior to your appointment in such cases.

Please understand that the schedule fills quickly and your appointment is reserved especially for you. Failure to show for your appointment or a cancellation with less than 24 hours notice means that your appointment time is left empty, and another person missed out on the opportunity to be seen. We appreciate your respect and understanding for our time.

On occasion, we may need to reschedule your appointment due to the need for professional training, personal time or unforeseen circumstances. However, we will make every effort to give you advanced notice of these occurrences.

_____ I, the undersigned, understand that my appointment is specifically reserved for me.

_____ I understand that I will be charged a \$30 cancellation fee for a missed appointment and/or late cancellation.

_____ I understand that the cancellation fee is not payable by my insurance and must be paid directly to Selah Chiropractic before I receive further treatment.

PATIENT NAME PRINTED

PATIENT (or representative) SIGNATURE

STAFF SIGNATURE

DATE