

Club West Chiropractic

Dr. Ryan Waddell & Dr. Aly Bergh

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www.clubwestchiropractic.com

Massage Policy

ARRIVAL POLICY

For your **first** appointment, please arrive for your appointment 10 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client forms and if anything needs to be discussed before starting. All treatment sessions have a specific time schedule and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service may be shortened in order to keep on schedule and the original treatment time may be charged.

CANCELLATION POLICY

Please provide at least **24 hours' notice** if you need to reschedule or cancel a treatment. If a client cancels within the **24-hour window**, the client will be **charged \$20.00** to the credit card saved on file. This must be paid prior to scheduling any future appointments. If a client fails to cancel within 24 hours multiple times (2 or more), they may be asked to pre-pay for future services.

LATE ARRIVAL POLICY

All treatment sessions have a specific time schedule therefore I regret that late arrivals may not receive extension of scheduled appointments. In special cases, and when the schedule will allow, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival. The original reservation fee will be charged.

NO SHOW POLICY

At Club West Chiropractic, we understand that unanticipated events occur in everyone's life. Unforeseen events such as car problems, business meetings and children's illnesses, are just a few reasons why one might consider canceling a massage appointment. However, I ask that you call if you cannot keep your appointment. Clients who fail to show for appointments repeatedly may be asked to pre-pay for future services. No shows will follow like the failed to inform us in the 24-hour window of being **charged \$20.00** to the credit card saved on file.

Printed Name: _____ **Date:** _____

Signature: _____