



Cancellation Policy

We require 24 hour notice for cancellation of your scheduled services in order to avoid a late cancellation fee. Patients canceling within less than 24 hours of your scheduled appointment will be subject to a **\$50 late cancellation fee**.

If you have booked your appointment with less than 24 hours between your booking time and scheduled appointment you are required to cancel 3 hours before your service start time to avoid the late cancellation fee.

Appointments booked with less than 3 hours of time between when the appointment was made, and when the appointment was scheduled to take place are not subject to this policy. While there is no fee applied for these cancellations, you may be required to leave a credit card on file in order to book future appointments if this happens more than once.

Late Arrivals

If you think you may be late for your appointment, please call the clinic and let us know. We will call any late patients 10 minutes into their scheduled start time. The missed time from your scheduled appointment will not be made up.

No Shows

If you do not show up for your scheduled appointments, without contacting the office to cancel, you will be subject to pay a **\$50 no show fee**. You will also be required to have a credit card on file to secure any future bookings. Patients who no-show on more than one occasion will be required to make a \$50 deposit before any appointments are booked.

No show on a prepaid package appointment will result in forfeiture of that treatment.

Scheduling Deposit Fee To confirm your desired appointment, a deposit fee of at least \$100.00 is required at the time of booking all appointments to guarantee your reservation if a prepaid package isn't purchased in advance. If the appointment is kept, the deposit is applied as a credit for future appointments/procedures. If the appointment is missed, the full amount of the deposit is non-refundable.

Canceling an Active FX treatment within 5 days of the scheduled appointment will result in loss of deposit.

In the event that you have a special circumstance regarding your missed appointment, please contact our office. We understand that there may be issues beyond your control and we want to be understanding of special circumstances.

I have read and fully understand the Patient Cancellation and No-Show Policies

Patient's Name (PRINTED) *Translator Name (PRINTED -if applicable)* *Date*

Patient's Signature *Translator Signature (if applicable)* *Date*