

Herbal Health

622 East Main St.

Anoka, MN 55303

Cancellation Policy/No Show Policy Authorization Payment Form

1. Cancellation/No Show Policy for Appointment

Due to the frequency of missed appointments and appointments not given a 24 hour cancellation there is a new policy at Herbal Health. When you do not call to cancel an appointment, you may be preventing another client from therapy that they need. Conversely, the situation may arise where another client fails to cancel and we are unable to schedule you for a visit, due to a full schedule.

If you do not show up for an appointment you will be charged a thirty dollar (\$30.00) fee.

2. Scheduled Appointments

At Herbal Health our goal is to provide excellent service and we strive to be on time as our time and yours is very important. So please allow extra time for delays due to traffic etc. If you are late for your appointment your time will be cut accordingly.

Signature _____

Date _____

Authorization for Payment

I _____ hereby authorize Herbal Health to charge my credit card \$30.00 in the event I do not cancel my appointment within 24 hours of my scheduled appointment time.

Name as it appears on card _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Signature _____