

WELLNESS SERVICES

PAYMENT AND CANCELLATION POLICY

I, understand Wellness Services are not covered under any medical Insurance plan and I acknowledge I cannot submit claims for Wellness Services to my insurance carrier.

I, the undersigned, agree that I am responsible for payment at the time of the visit.

Cancellation must be made at least 24 hours prior to the appointment. I, agree to pay for any sessions missed without 24 hour notification.

Signed: \_\_\_\_\_

DATE : \_\_\_\_\_