



Ready2Heal LLC

Kerstin Tracy, MS, LMT

Recover - Refocus - Succeed

Discover the Healing Power of CranioSacral Therapy

CANCELLATION POLICY

EVERY EFFORT IS MADE TO KEEP ON SCHEDULE SO WE RESPECTFULLY ASK CLIENTS AND PATIENTS TO BE PROMPT AND KEEP THEIR APPOINTMENTS.

OUR STANDARD OFFICE POLICY REGARDING APPOINTMENTS IS AS FOLLOWS:

YOUR APPOINTMENT TIME HAS BEEN RESERVED ESPECIALLY FOR YOU.

WE RESERVE THE RIGHT TO CHARGE FOR OFFICE VISITS CANCELLED OR BROKEN WITHOUT 24 HOURS ADVANCE NOTICE. IF YOUR APPOINTMENT IS ON MONDAY, PLEASE GIVE 72 HOURS NOTICE TO AVOID A CHARGE FOR OUR LOST TIME AS MESSAGES LEFT OVER THE WEEKEND MAY NOT BE RETRIEVED. EXCEPTIONS TO THIS POLICY CAN BE DETERMINED ONLY ON AN INDIVIDUAL BASIS ACCORDING TO THE CIRCUMSTANCES.

THE BROKEN APPOINTMENT CHARGE WILL DEPEND ON THE TIME RESERVED, BUT WILL GENERALLY BE 1/2 THE BILLABLE TIME FOR THE FIRST MISSED APPOINTMENT, AND THE FULL BILLABLE TIME FOR THE SECOND MISSED APPOINTMENT AND BEYOND. **THESE CHARGES WILL NOT BE PAID BY YOUR INSURANCE COMPANY AND ARE CONSIDERED YOUR PERSONAL RESPONSIBILITY.** THEY MUST BE PAID IN FULL BEFORE RESUMING TREATMENT.

NOTE: MORE THAN TWO MISSED APPOINTMENTS WITHOUT NOTICE MAY RESULT IN TERMINATION OF TREATMENT.

IF YOU HAVE ANY QUESTIONS ABOUT THIS POLICY, DO NOT HESITATE TO ASK. WE WILL BE GLAD TO ANSWER YOUR QUESTIONS. WE BELIEVE THAT GOOD COMMUNICATION IS THE KEY TO EXCELLENCE IN HEALTHCARE.

THANK YOU FOR YOUR COOPERATION.

CLIENT/PATIENT SIGNATURE: _____ DATE: _____

CLIENT/PATIENT PRINT NAME: _____

THERAPIST SIGNATURE: _____