

## Cancelation Policy Agreement

Clinical Massage Therapy requires clients to cancel an appointment at least 24 hours prior to a designated appointment.

I understand and agree to pay the fee of **\$35** for canceling at least 24 hours before my appointment time or if I do not show for my designated appointment.

### Workers Compensation Clients

I understand and agree that if I do not cancel an appointment at least 24 hours before my appointment time or if I do not show for my designated appointment, I understand and agree that **an office visit will be deducted** from my approved sessions.

Printed Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Client Signature: \_\_\_\_\_

Clinical Massage Therapy Representative Signature: \_\_\_\_\_