



Vitality

Natural Health and Wellness Center

"The path to a healthier, more vital you."

PAYMENT AND CANCELLATION POLICY

At Vitality Natural Health and Wellness Center, we consider it an honor and privilege to be of service to you and hope for a long and mutually satisfying relationship. We spend an inordinate amount of time and energy with each and every one of our new and established clients because we are committed to providing the highest quality care.

Vitality Natural Health and Wellness Center is a cash based office. Payment is expected at the time of service. Payments may not be reimbursable by an insurance provider in the state of Pennsylvania. For your convenience, our office accepts cash, personal checks and the following credit cards: Visa, Mastercard and Discover. What charge what is usual and customary for our community. There will be a \$50.00 charge for all returned checks for insufficient funds.

Your appointment time is dedicated specifically to you. We do understand that there may be extenuating circumstances; however, we request that any cancellation or rescheduling of your appointment be made at least **24 hours in advance**. We value your time and hope that you value ours. Missed appointments or appointments cancelled less than 24 hours in advance affect us all and prevent us from being able to serve others in need. Because of this, we have created a cancellation and missed appointment policy.

If you are not able to keep your scheduled appointment, please notify us within 24 hours of the appointment. Cancellations with less than 24 hour notice or missed appointments are subject to a **\$50.00 cancellation fee for naturopathic visits and \$25.00 for all other appointment types. Payment is due within 30 days of the missed appointment.** If payment is not received for a missed appointment within 30 days, we will be forced to turn it over to a collection agency. There will be an additional collection fee added to the missed appointment fee. You are responsible for remembering your scheduled appointments. If you cancel with less than 24 hour notification or do not show for your appointment and you wish to reschedule, full payment for the office visit/ service will need to be made at the time of rescheduling. We appreciate your consideration of our time and will express the same consideration of yours.

By signing below, I agree that I have read and understand this payment and cancellation policy.

Signature: _____ Date: _____

Printed Name: _____

Parent/ Guardian (minor): _____ Date: _____