Morgan Chiropractic Missed Massage Appointment Policy Agreement

Thank you for choosing Morgan Chiropractic for your massage therapy care. Trying to accommodate every patient’s individual needs and work schedules can be difficult, but we always try to do our best. We work very hard to stay on schedule so that our valuable patients will not spend time in our reception area waiting for an appointment.

A scheduled massage appointment is a commitment of time between you and our massage therapist. We have reserved that time just for you. When appointments are missed or cancelled last-minute, that time is permanently lost.

We ask that when you schedule an appointment that you make every effort to keep that commitment. We understand that personal emergencies sometimes occur, and we always take that into consideration when receiving a last-minute cancellation.

In order to provide the highest quality services to our patients, we have enforced a Missed Massage Appointment Policy. Please review the following agreement and sign at the signature line, indicating that you understand our policy.

As a patient or guardian for a patient receiving services from Morgan Chiropractic, I understand and agree with the following:

* I am responsible for canceling my appointments 24 hours or more prior to the appointment.
* Should I fail to attend my appointment or cancel my appointment within 24 hours of my appointment time, Morgan Chiropractic will notify me of the missed appointment via letter or phone call.
* After my first missed massage therapy appointment I will be charged $50 for every following missed massage therapy appointment.
* Appointments missed due to illness, adverse weather conditions, or other conditions that reasonably prohibited me from canceling the appointment will not be considered missed appointments. I must notify Morgan Chiropractic of such an occurrence.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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