

The Path To Well-Being, LLC

urpathtowellbeing@outlook.com

9300 Grant Ave., Suite 101
Manassas, Virginia 20110

703-382-6871
thepathtowell-being.com

No-Show and Cancellation Policy

To provide excellent client service to all our clients and the best possible environment, our policy requires a fee for no-show appointments and cancellations made less than 48 hours before the scheduled appointment. *

The entire appointment fee will be charged for no-shows. In addition, refunds for payments will be charged a fee based on service charge fees.

_____ Visa

_____ Mastercard

Credit Card#: _____

Expiration Date: _____

CCV (Credit Card Verification) _____

Name as it appears on card: _____

I, _____, understand and agree that if I do not show up for my scheduled appointment or if I cancel my appointment within less than 48 hours notice, the above credit card will be charged in the amount of the full appointment fee.

Signature: _____

Date: _____

Printed Name: _____

Ph: _____

Address: _____

City: _____

Zip: _____

*Cancellations made 48 hours prior to your time on a Monday appointment must occur on Friday as weekend days do not count. A waiver due to an emergency can be obtained.