

Effective January 1, 2017

Updated Cancellation and No Show Policy

Due to an excessive number of last minute cancellations and no showing of appointments, we are updating our policy as follows:

New Beginnings Wellness Center & Spa operates on a **24 hour cancellation AND no show policy**. If you are unable to make your appointment, we ask that you please give us 24 hours notice. Consecutive last minute cancellations or no shows may result in refusal of future appointments or payment in full required prior to scheduling any future appointments. If you no show an appointment or give last minute notice, a fee of **\$50** will be incurred.

By signing below, I agree to become a New Beginnings Wellness Center and Spa patient and I agree to the terms outlined in this patient agreement.

CREDIT CARD	INFORM	NATION TO BE	KEPT IN YO	UR PRIVATE CHART		
Name on Card:						
Card Type:	VISA	Mastercard	AMEX	Discover		
Card Number:				Exp:	Security Code:	
Billing Address:						
	credi	it card informat	tion <i>IS REQ</i>	UIRED for our cancell	ation and no show policy.	
Nam	e Printed	l:				
Date	:					
Sions	ature:					