

Spinal Health Performance, Inc.

Four Harvard Circle, Suite 700, West Palm Beach, FL 33409
561-684-9200/fax: 561-684-9202

Massage Cancellation Agreement

This form must be completed, signed, and faxed to 561-684-9202 at least 3 hours before your first massage or your appointment may be cancelled.

_____ understands that he/she must give
(Patient's Name)

a **Three Hour Notice** for proper cancellation of a massage. Massages between 9:00am – 12:00noon must be cancelled on the prior business day.

Your insurance company cannot be charged for missed massages. Therefore, you will be held responsible for the payment of missed massage appointments that weren't cancelled as described above. You will be billed \$15.00 for a half hour, and \$30.00 for an hour.

Since this time is reserved exclusively for each patient, and the massage therapist is only paid if the massage is performed, proper notification must be given. We appreciate your cooperation in advance.

Patient's Signature

Date