

WELL with Jules, LLC
Cancellation Policy

Please carefully read this policy. Sign and date to acknowledge agreement.

NO SHOW or LATE CANCELLATION will result in a \$60 CHARGE.

CANCELLATIONS AND MISSED APPOINTMENTS (“NO SHOW”)

The client is expected to attend each scheduled appointment on time. A minimum of 24 hours’ notice is required for rescheduling or canceling an appointment. Although WELL with Jules, LLC may send you text or email reminders about upcoming appointments, this is done as a courtesy and only if you consent to receive such communications by providing your email address and cell phone number. It remains your sole responsibility to keep track of and timely attend all scheduled appointments, whether or not you receive the text or email reminder. It is your responsibility to inform the practitioner of any change to your phone number or email address so that the information we have on file for you is current. After 3 consecutive cancellations or no shows, you will not be able to schedule another appointment with us and may be referred to another provider. This cancellation policy also applies even if missing the appointment was unintentional. A missed appointment or “no show” is when there is no contact made by the client to the practitioner within the first ten (10) minutes of the scheduled appointment.

Note: *if your appointment is on a Monday, the cancellation needs to be provided no later than the prior business day by your appointment time to be considered proper 24-hour notice. You can cancel your appointment by calling or replying to the reminder notification.*

FREQUENT CANCELLATIONS OR MISSED APPOINTMENTS

If you have arranged with your practitioner to have recurring appointments, the next recurring appointment will stay on the calendar. Frequent cancellations (3 or more in 3 months, or 2 consecutive) and/or missed appointments (no show) will result in the termination of services. Therefore, please contact us if you choose to cancel that appointment to avoid a second No Show/Late Cancellation charge of **\$60** and possible termination of services. (A voice mail is sufficient as they are date and time stamped.) The recurring appointment(s) will be removed after the second consecutive No Show/Late Cancellation.

FEES

Anytime a scheduled appointment is missed by not *giving the required 24 hour advance notice* of cancellation, or by not making contact with the practitioner within the first ten (10) minutes of the scheduled appointment, **you will be charged \$60 for the no show session.** You will be charged even if the cancellation is work related and even if you rescheduled the appointment.

The credit card information we have on file will be used to process fees outlined in this policy. By providing your credit card information or booking an appointment, you consent to this policy.

WHEN THE NO SHOW/LATE CANCEL FEE MAY BE WAIVED

The only exception to this cancellation policy is in the event of a serious or contagious illness or an immediate emergency. One exception for these purposes is offered every three months and is noncumulative.

WAIT TIME/GRACE PERIOD

Due to the length of time provided for each appointment, it is critical that you arrive on time for your appointments. If you are **more than 10 minutes late** to your appointment, your appointment will be **rescheduled and you will be charged the \$60 fee for a no show.** To avoid paying no show fees, at least twenty-four (24) hours’ notice for all cancellations is required (as described above). Both practitioner and client have a grace period of 10 minutes.

If the practitioner/client relationship is terminated pursuant to this policy, your case may be reopened at any time should you so choose and with mutual agreement by the practitioner. However, as standard practice, you may be placed on a waiting list if there are other clients waiting to use your time slot.

SIGNATURE

By signing below, I confirm that I have read and fully understand the terms, conditions and fees set forth by the WELL with Jules, LLC Cancellation Policy. I freely and without duress sign and consent to all terms contained herein.

NAME (print)

SIGNATURE

DATE