

## Nature's Restorative Health

### **Payment Policy:**

Payment is due at the time services are rendered. (Unless you have a prepaid Package)

I accept cash, I accept all credit cards. (All credit/debit transactions will be charged a 4 % processing fee).

### **Cancellation/reschedule policy**

In the event that you must reschedule or cancel your appointment, kindly give at least 24 hours' notice.

Any sessions canceled or changed with less than 24 hours' notice will be billed at the full rate. If you

need to notify me of a cancellation, please do so by leaving me a message at **713-551-6275. Name, date, and time of your appointment.**

I understand that emergencies come up, exceptions will be evaluated as they arise.

Printed Name of

Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

MINOR INFORMATION:

Name of Parent/Legal Guardian: \_\_\_\_\_

Age (If A Minor) \_\_\_\_\_

Signature of Parent/Legal

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

Copy given to client in person, via email. Mail. Date: \_\_\_\_\_