

SEATTLE REFLEXOLOGY AND MASSAGE CENTER

P. O. Box 22
Clinton, WA 98236
(206) 284-8389

PAYMENT POLICY

Please be advised:

- SRMC ACCEPTS VISA, MASTERCARD & DISCOVER CARDS, CASH AND CHECKS
 - Payment is due at time of service
 - Checks returned by the bank will be subject to an additional \$45 fee
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CANCELLATION POLICY

SRMC has a 24-hour cancellation policy. Your appointment time has been reserved exclusively for you. We value your time and hope that you value our time as well.

Missed appointments and appointments cancelled with less than 24 hours notice affect our community of clients as well as our practitioners. So that we have adequate time to fill a vacant spot, we require that you notify us about your intention to cancel as early as possible.

If you are unable to keep your appointment time for any reason, please phone the office at 206-284-8389 AND email us at seattlereflexology@gmail.com.

If you are unable to keep your appointment and do not cancel within 24 hours, you will be charged according to the following guidelines:

- **Cancellation with less than 24 hours notice – you will be charged the full price of the session.**
- **Appointment “no show” - you will be charged the full price of the session.**
- **Late arrival to your appointment - you will be charged the full session price and the appointment will end at the scheduled time.**
- **If you are using a gift certificate and give less than 24 hours notice or do not show up for your session, the gift certificate will be forfeit.**
- **Fees charged for late cancellations or missed appointments must be paid in full in order to book another session.**

COURTESY REMINDERS

We send out appointment reminder in advance of your appointment as a courtesy. Please let us know the best phone number and email address to use for reminders.

You are responsible for your scheduled appointment. In the event that you do not receive a reminder notification, the responsibility of attending and paying for your appointment is still up to you. If you miss an appointment that you scheduled, you will be expected to pay for the missed appointment.

I have received, read and understand this policy as it relates to receiving reflexology treatment from this practitioner.

Signed

Date