Harmony Heals, Inc

Cancellation and No Show for Appointments

Dear patient:
We reserve the right to charge you, your FULL usual visit fee, in case you fail to attend your appointment or fail to give us the advance notice of **48 HOURS**.
We thank you in advance for your cooperation and we look forward to working with you.

I, ___________________, have read this statement and accepted the above policy. I also understand that I remain financially responsible for any balance not covered by my insurance company and in the event, I default in payment of my account, I will be responsible for any collection costs which result from my account being placed with a collections agency for recovery.

Signature______________________________

Date__________________________________

24351 Moulton Pkwy Suite 120 Laguna Woods, Ca. 92637
Telephone (714) 897-1615, (949) 837-2751 & Fax (949) 586-5695