



HEALTH CONCEPTS LLC CLIENT POLICIES

www.healthconceptswaupaca.com
SCHEDULE 24/7

We are committed to providing a unique and quality experience to each and every client. Because our staff depends upon the income received from the services and treatments they provide to our clients, we have developed the following policies.

- Please arrive **10 minutes prior to your scheduled appointment**. Our services have a specific schedule. *Your early arrival allows for a relaxed and unhurried experience.*
- **We value your time.** Our staff is here to help you feel and look your best. We understand that unanticipated events occur in everyone's life, so do not be afraid to call our office **715-256-1405** and tell us that you are running late for your appointment or need to re-schedule.
- **FEELING UNDER THE WEATHER?** Please re-schedule if you are ill, have a sore throat or are running a fever.
- **LATE ARRIVALS:** If you arrive late, your service(s) may be shortened in order for our staff member to remain on time. *You are responsible for payment in the full amount of your service.*
- **NO-SHOW POLICY:** If you fail to cancel your appointment, do not show up at the scheduled time and do not call, you are considered a **"No-Show."** Your credit card imprint will be taken on your next visit and kept on file. You will be charged in full for the appointment missed and for any future **"No Shows."**
- A **24-HOUR Cancellation** is appreciated. You may re-schedule online through our website or call our office.
- It is at the discretion of management to charge for **Late Cancellations** (less than 24-hours).
- **ACCEPTED PAYMENTS:** Cash, Check, MasterCard/VISA credit/debit. **ALSO:** Gift Certificates - Health Concepts, BIG DEALS & WACC (Waupaca Chamber of Commerce).
- There is a **\$25** fee for all returned checks.
- **Your personal and health information will not be shared with any other parties without your written consent, subpoena or public health concern.**
- Health Concepts reserves the right to refuse service to any individual.

By signing this form, you are stating that you understand the above & agree to comply with Health Concepts policies.

Name

Date