

Integrative Wellness Center

"Natural Choices for Your Health"

151 N. Sunrise Ave., Suite 815 – Roseville, CA 95661

(916) 784-9355 – www.iwcwellness.com

info@iwcwellness.com

Services

Services are provided by Integrative Wellness Center per practitioner, and policies may vary per practitioner as an independent contractor. Please contact your provider for details on policies.

Should you decide you do not want to continue said service(s), Integrative Wellness Center will exchange the service(s) for another service(s) provided at our center. Integrative Wellness Center does not exchange service(s) for products.

I understand Integrative Wellness Center provides no refunds or monies on used or unused services or products that may be part of a package or individual session and these monies are NON-REFUNDABLE, including all supplements, kits and homeopathic remedies. I understand I am responsible for paying the session fee for any appointment cancellation with less than 24 hours notice.

Integrative Wellness Center reserves the right to refuse service to anyone.

Cancellation Policy

Occasionally we have issues that prevent us from keeping our appointments. It is our desire to run an efficient business and be fair to our clients; therefore the following policies will apply:

24-hour advance notice is required when cancelling and/or rescheduling your appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice there will be a charge of **\$45**. Payment will be required prior to your next scheduled appointment.

No-shows - Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." **They will be charged the full session amount** for their "missed" appointment.

Late Arrivals – Late arrival for a schedule appointment will be accommodated whenever possible; however, due to scheduling of other clients and respect for their time, your appointment time will remain within the time you have reserved and your session time may be less, determined by your arrival time. Regardless of the length of the service provided, **you will be responsible for the "full" session fee**. Out of respect and consideration for your practitioner and other clients, **please** plan accordingly and be on time.

I understand and agree to the above policies of Integrative Wellness Center.

Thank you for your cooperation and we *look forward to serving you!*

Signature
IWC(1) 11-03-12

Date