



123 Inverness Road
Athens, GA. 30606
603-781-7378
info@core-restore.com
www.core-restore.com

Core Restore Cancellation, No Show and Re-scheduling Policy

- 1. Core Restore requires a minimum of **24 business hours** when re-scheduling appointments to avoid cancelation fees.
- 2. Exceptions to item #1 shall be made for illness or death in the family, however, Core Restore only allows (3) of these per calendar year.
- 3. If cancelations become excessive, we will be unable to provide advanced session scheduling.
- 4. Weather cancelations, even when within 24-business hours, are **not** covered under this policy. To avoid additional charges, it is the client’s responsibility to keep updated on weather conditions in their area, and plan in advance for needed cancelations due to travel concerns.
- 5. Sessions scheduled on Mondays must be cancelled **no later than 5pm** on the Friday prior to any scheduled Monday appointment.
- 6. Session reminder calls/texts are merely a courtesy. Clients are responsible for session attendance.
- 7. Forms of payment for Core Restore include: (a) Venmo, PayPal, or CASH APPS, (b) checks, or (c) cash. All fees associated with mobile APPS are the client’s responsibility.
- 8. In lieu of mobile payment APPS, Core Restore shall require “cash deposits” that are equivalent to the rate of the session.
- 9. Cancellation/no show fee charges shall be equivalent to the **full cost** of the scheduled session, and must be paid **on the day of the cancellation or no show.**
- 10. With regard to cancelations, Core Restore shall send out a “**Payment Request**” via the clients Mobile APP, or utilize the cash deposits provided. Please note that cash deposits used, **must be replenished** at the next session.
- 11. Core Restore shall charge an additional fee of **\$50.00** when a **mobile APP payment request** is not remitted. This **must** be paid on the day of cancelation in order to continue services.
- 12. The mobile payment APP I will use is: Venmo PayPal CASH Cash Deposit
- 13. My Mobile APP “contact” information (as applicable) is: _____

My signature below indicates my acceptance and understanding of the Core Restore cancelation policy, and my agreement and willingness to follow the dictates of the established policy.

Client Name (please print)

Client Signature

Today’s Date