

Mitchell Center for Natural Healing, PLLC
8814 Roosevelt Way NE
Seattle, WA 98115
206-284-6040

24 Hour Cancellation Policy

We require 24 hours notice received during our normal business hours for canceled or rescheduled visits. If you provide less than 24 hours notice of your cancellation, half the cost of your scheduled visit will be charged to you. If no notice of cancellation is received, you will be charged for the full office visit fee. These charges will be your responsibility to pay.

By signing below you agree to the following pertaining to personal financial responsibility:

- I agree to pay for all visits I fail to cancel in accordance with the Mitchell Center for Natural Healing, PLLC 24 hour cancellation policy.
- I agree to be responsible for all costs of collection, attorney's fees, court costs, or other entities deemed necessary for the collection of all unpaid balances. I also agree to the release of all pertinent information deemed necessary by such persons/agencies in the collection of all outstanding balances.

By signing below, I agree that I have read the above information and agree to the terms put forth.

Signature: _____ Date: _____
(of patient or authorized representative)

Printed Name: _____
(of patient and authorized representative)

If signed by an authorized representative, please include your relationship to the patient:
_____ (parent, legal guardian, etc.)