

**Lift Biomechanics™**  
**Optimal Form, Optimal Function**  
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**CANCELLATION/NO-SHOW/LATE ARRIVAL POLICY**

**Late Arrival**

I understand that if I am late for my appointment, Pamela Rief will be available to me (including by phone until I arrive) during my entire scheduled appointment. I will be charged for the full appointment.

**Cancelation/No-Show**

If I cancel my appointment at least 24 hours before my scheduled time, I will **not** be charged.

I understand that if I miss my appointment or do not call to cancel my appointment **at least 24 hours** before my scheduled time, I will be charged \$125 for a 1-hour appointment; \$175 for a 90-minute appointment.

**Billing Authorization**

By signing below, I hereby authorize Pamela Rief to charge my card in accordance with the above stated policy.

Please provide printed name of person responsible for payment *as it appears on payment credit card*.

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If signed by patient representative , please state relationship to patient: \_\_\_\_\_

Visa/Mastercard \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_