

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. If I arrive late, 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 for half the cost of the appointment, or \$120, whichever is more.

For house calls or visits to gyms/workplaces/schools/*etc.*, I will also reimburse Pamela Rief for travel expenses (the cost of trains/car services/air travel/*etc.*).

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 _____