



348 NORTH MAIN ST. | ANDOVER MA. 01810 | 978.409.2230

Late Arrival / No Show / Cancellation Policy for Office Visits

TERMS & CONDITIONS:

At VAIN Medi Spa, our goal is to provide quality services in a timely manner. We have implemented a late arrival, no show, and cancellation policy which enables us to better utilize available appointments for our patients. At the time of booking on Zenoti, patients are required to add a card on file. If the patient does not show for an appointment they will be charged a \$125 "No Show/Cancellation Fee". If the patient fails to notify VAIN Medi spa within 48 hours of their appointment, they are also subject to a \$125 "No Show/Cancellation Fee".

We do understand emergencies may happen and prior notice may not be able to be given. Consideration will be given at VAIN Medi Spa's discretion.

If the patient's appointment is canceled by VAIN Medi Spa, then the patient is not subject to this charge.

Late Arrivals for Office Visits: We understand unforeseeable events pop up from time to time. We kindly request you to inform us if you are running late or you are unable to make your appointment. We recommend arriving 10 minutes prior to your appointment time in order to ensure all paperwork is completed. Depending on the service you are booked for, we may not be able to accommodate your treatment if you are more than 15 minutes late. VAIN Medi Spa may recommend that you reschedule your appointment if there is not enough time to complete the procedure. The \$125.00 "No Show/Cancellation Fee" still applies for late arrivals past 15 minutes as we do miss the opportunity to schedule another appointment in your time slot with such short notice.

• No Show/Cancellation Fee: \$125.00

We appreciate your cooperation and understanding of our office policies.

How to cancel or reschedule your appointment at VAIN Medi Spa:
Zenoti patient mobile app, Call or Text 978.409.2230 or email Kate@vainmedispa.com

If you have any problems getting through, you can leave a message with your name, appointment date and cancellation reason or request for rescheduling.

Thank you,
VAIN Medi Spa

Signature-Patient	Print Name	Date
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