

# The Roots of Health

## New Client Introductory Package Form

The below introductory prepaid package is designed to provide discounts for new clients who may benefit from frequent regular therapeutic sessions. By purchasing one of the prepaid packages, I understand and agree to the following:

- All sessions in a package are prepaid in full.
- One or more sessions will be scheduled per week, with a minimum of one session per week.
- I will pre-schedule at least three sessions in advance, and will pre-schedule all sessions as soon as possible.
- I will attend all scheduled sessions.
- Regular frequent sessions facilitate the best possible progress for therapeutic treatment. I understand that skipping or missing a session may retard or cause regression in my therapeutic progress.
- I understand that this is an introductory package for the onset of treatment, and that I may need to continue treatment after the package is completed.
- 24-hour notice is required to cancel or reschedule a session. Rescheduled sessions will be made as close to the original session time/date as possible so the therapy structure can be maintained.
- Any canceled or missed sessions that are not given 24-hour notice are subject to no refund and no make-up date.
- There is a non-refundable package cancellation fee of \$100.
- Cash, check or credit/debit cards are accepted for payment.
- I understand that I will be charged, and agree to pay, a **2.75%** processing fee for all credit or debit card transactions. There are no additional fees for paying with cash or check.

### New Client Introductory Package (\$50 OFF)

Number of sessions per week: \_\_\_\_\_ Starting: \_\_\_\_\_

	<input type="checkbox"/> Massage Therapy, <input type="checkbox"/> CranioSacral Therapy
<b>60 minutes</b>	\$450 (reg price \$500)
<b>90 minutes</b>	\$675 (reg price \$725)

### Special Notes:

Payment made to and sessions scheduled with  Rachel Benbow or  Ian Thomas

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Paying if different from Client

\_\_\_\_\_  
Date



The Roots of Health  
www.TheRootsOfHealth.com