

# Hands on HealthCare, Inc.

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York, PA 17402

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## Cancellation/late Policy

An appointment has been reserved for the client. With less than 24 hours notice or the client does not show up the client will be financially responsible for the missed appointment and will be charged for the full session. Illness and Acts of God are exceptions.

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Client signature

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date

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Name on Card \_\_\_\_\_

Account number \_\_\_\_\_

Security code \_\_\_\_\_ Zip Code \_\_\_\_\_ Exp date \_\_\_\_\_

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Client signature

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date