



## Statement of Commitment

**Statement of Commitment:** I fully understand that a healthy lifestyle requires commitment and dedication, and change doesn't happen overnight. I choose to improve my health by assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General (1990) estimated that 7 out of 10 of the leading causes of death in America are related to lifestyle habits. I will commit to Karie's recommendations for the agreed upon time frame and make my health my priority.

**No Guarantees:** I am aware that no practice of medicine is an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any treatments/recommendations I receive.

**Cancellation Policy:** There is a \$50.00 cancellation/no show fee. If you need to cancel or reschedule an appointment please provide a 24-hour notice so that I can offer that time to other clients. If you do not provide at least a 24-hour notice you will be charged the \$50.00 cancellation/ no show fee. (Unless a medical emergency)

Thank you so much for your time for we know it is very valuable.

**Payment Policy:**

- Payment in full is required when services are rendered.
- Venmo, Zelle, and checks accepted.
- Payment plans can be arranged if necessary.

**Refund Policy:** Because of the time and work involved in creating plans and programs for clients, including work that happens outside of scheduled appointments, partial refunds will be arranged only in extreme circumstances and are at the sole discretion of Wellness 1st LLC. Karie Zipper reserves the right to provide no refunds in most cases.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please bring form to our first appointment or scan and email to [wellness-1st@hotmail.com](mailto:wellness-1st@hotmail.com)

CREDIT CARD INFO FOR WELLNESS 1St must be on FILE incase OF NO PAYMENT OR LATE FEE!

NAME ON CC \_\_\_\_\_

CC

# \_\_\_\_\_ exp: \_\_\_\_\_ CVV \_\_\_\_\_