the blossom method

Cancellation Policy

The Blossom Method requires 24 hour prior notice for all appointment cancellations. In the event proper notice is not provided, patients will be charged a $150 fee.

Please provide your credit card information below.

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ **CVV:** _____

Billing Zip Code _____

By signing below, you acknowledge that you have reviewed and understand the Cancellation Policy of The Blossom Method as described above.

Patient Signature **Date**

Thank you for your understanding and cooperation

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