

# H O M E O P A T H I C   S E R V I C E S LLC

**Pam Prosser**, RSHom(NA), CCH

Spring Forest Healing Center  
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## OFFICE POLICY

1. All visits will be cash basis and will be due at the time of the visit. I accept cash and checks.
2. All remedies will be paid for separately. I accept cash or check. In some cases, a credit card may be used for liquid remedies and must be arranged prior to ordering the remedy.
3. If you are unable to keep a scheduled appointment, a 24 hour cancellation time (one full business day's notice) must be given or you will be charged for a regular office appointment.

I have read and agree to the above policies:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date