



•Laura Blevins, ND Sonja Halsey, ND •4036 S. 6th St. Ste.#2 Klamath Falls, OR 97603 •
Phone: (541) 851-9320 •Fax: (541) 851-9322

No Show Policy and Credit Card Authorization

We strive to provide the best service possible to our patients. When someone doesn't show up for an appointment it provides a major inconvenience not only to our providers and staff, but also harms other patients who may be waiting for cancellations to get an earlier appointment. **Please** be respectful and always call at least 24 hours before your appointment if you need to reschedule. By signing this agreement you hereby authorize a charge of \$200 for a new patient appointment and \$50 for follow up appointments should you no show without adequate notification. Cancellations made less than 24 hours in advance, should an emergency situation occur, are subject to provider review for reason to determine whether a fee will be charged.

Credit Card Authorization

By signing this form I authorize Wholesome Family Medicine, LLC to charge a no-show fee, in accordance to the policy stated above, should I fail to give at least 24 hour notice of a cancellation without provider authorization.

Credit card #: _____ Exp date: _____ CVV: _____

Patient signature: _____ Date: _____

Card holder signature (if different): _____