

Missed or Cancelled Appointments

In regards to missed and cancelled appointments I, the undersigned, understand that I will be billed as followed:

- Missed appointments/no show or no call will be charged a fee of **\$50.00**
- Cancellations made less than 24 hours prior to your scheduled appointment will be charged a fee of **\$50.00** (Cancellations must be made Monday- Friday)

Payment on File

Please select one of the following:

- I agree that the credit card information listed below may be used for missed appointments.
- I agree that the credit card information listed below may be used for both missed appointments and session charges.

I, the undersigned, understand that this form will be valid for the duration of my treatment with this office. I further agree to update the office if I receive a new card or my card expires.

Client Name:	Cardholder name:
Credit Card #	CVV/3-digit security code:
Expiration date:	Billing zip code:
Signature	

If I decline to provide credit card information I still agree that I should provide a 24-hour notice of missed appointments or I will have to pay the fee with cash, check, or credit/debit card.

_____ Signature _____ Date