

CREDIT CARD FORM

HSA

Your credit card will be charged \$75 for a no show or late cancelled appointment (less than 24 hours).

If you have a true emergency and need to cancel your appointment later than 24 hours, please call or text 302.521.2545.

PLEASE COMPLETE THIS FORM

Name on the card:

Number:

Exp. Date:

Security code:

Zip code associated with this card:

I, _____, authorize \$75.00 to be charged to my credit card if I have not cancelled appointment within 24 hours of the scheduled appointment.

Signature and date

Your card will be charged if you have an outstanding balance due for therapy sessions.

I, _____, authorize my card to be charged any outstanding balances due for my sessions.

A receipt will be sent via email.