

Credit Card Authorization Agreement

A 50 percent nonrefundable deposit is required to secure your appointment. That time is reserved for you and subject to a 24 hour cancellation policy. If you do not call to cancel or reschedule your appointment with at least 24 hours advance notice or you fail to appear for your appointment, your deposit will not be refunded. Should you need to cancel or reschedule, please do so at least 24 hours prior to your appointment to avoid forfeiting your 50 percent deposit. Late arrivals will limit the time of your appointment. In an effort to not delay the next client, your appointment will end at its scheduled time.

This form will be securely stored in your clinical file and may be updated upon request at any time.

Your signature below indicates your consent to keep your credit card information on file for convenience to pay for the 50 percent nonrefundable deposit and the balance due at the end of each visit.

You will receive a receipt via email for charges made.

I _____, authorize Alexis Cancemi to use my credit card information to charge my credit card for copayments or coinsurances due for each visit, and in the event that I do not notify her of my inability to attend schedule therapy appointments and/or do not cancel my appointment at least 24 hours in advance, or if a check is returned for any reason. I will not dispute charges (“charge back”) for sessions I have received or appointments I have missed as outlined in the Office Policies

Card Type (circle one):

VISA

MasterCard

Discover

Ameri

can Express