

Niagara Therapeutics Inc. Cancellation & Missed Appointment Policy

Credit Card Authorization Form

(For Missed Appointments and Late Cancellations)

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will only be used for missed appointments and late cancellation fees.

Credit Card Information	
Card Type: <input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa <input type="checkbox"/> Amex Other: <input type="checkbox"/>
Cardholder Name (As shown on card): _____	
Card Number: _____	CVcode _____
Expiration Date (MM/YY): _____	

I, _____, authorize **Niagara Therapeutics Inc.** to charge my credit card above for agreed upon missed appointment or late cancellation charges. I understand that my information will be securely saved to file for future transaction in my file.

Client Signature: _____ Date _____

Sick Policy: In order to protect the health of our other clients and Therapists, we reserve the right to cancel appointments due to your illness. If you are experiencing symptoms of a cold, flu or other contagious condition, please inform the office as soon as possible. Same day cancellation fees may apply. Late cancellation or missed appointments due to sickness or emergencies may not be charged based on Niagara Therapeutics discretion.

Due to the increased number of missed appointments and late cancellations, There will be a 50% cancellation fee applied to any missed appointments or appointments cancelled with less than 24 hrs. notice (not illness related) Our late cancellation fee will be waived if you cancel due to illness or suspected illness. We would prefer to reschedule your appointment if you are ill. Please try to give our office appropriate notice.

Please note: Treatment time is not extended for late arrivals.

I, _____ have read, understand and agree with Niagara
(Print Name)
Therapeutics Inc. Cancellation Policy. _____

Client Signature

Date

(Please Turn over for second page)→

