

**Credit Card Agreement**

**Please Print Clearly**

**Name** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**Security code** \_\_\_\_\_

**Zip code** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**I understand that I must give two full business days notice for change or cancellation of a new patient appointment**

**Example:**

- **For a Tuesday appointment you must notify us by the previous Friday @ 9:00 am.**
- **For a Wednesday appointment you must notify us by the previous Monday @ 9:00 am.**
- **For a Thursday appointment you must notify us by the previous Tuesday @ 9:00 am.**

**or I will be charged for the time of the appointment in the amount of:**

**\_\_\_ Optimal Health Evaluation- \$440.**

**\_\_\_ AK/Neuro Exam- \$330.**

**\_\_\_ ChiroThin Initial Evaluation- \$220.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_