



First Visit Financial Agreement

Name of patient: _____

The following agreement is to ensure the new patient time we have reserved for your appointment is utilized. Our policy demonstrates that if a scheduled appointment is not rescheduled or cancelled within 24 hours of the scheduled time and/or there is failure to show up for the set appointment without calling a \$50 fee will be assessed. This serves as your agreement that if you do not call us 24 hours in advance to reschedule or cancel an appointment or no-call/no-show for your appointment, the card listed below will be charged a \$50 fee. If there is no need to charge the card, as we expect, and you come to your appointment or abide by the cancellation policy, then this form containing your payment information will be shredded. We **do not save** this provided information beyond the first visit. We appreciate your understanding and participation.

CC: VISA MASTERCARD AMEX

ACCT: _____

Exp Date: ____ / ____

Cardholder Name: _____
(exactly as it is printed on card)

Billing Address: _____

Signature: _____ Date: _____

*** Gindele Family Chiropractic does not accept any responsibility for an fees incurred by your financial institution to include but not limited to overdraft fees if occurred***