

Jandali Plastic Surgery

Late Cancellation & No-Show Policy AUTHORIZATION FORM FOR CREDIT CARD CHARGE

At Jandali Plastic Surgery, we desire to offer the best service at all times and we value each patient's time in our office. When we make your appointment, we are reserving a room and staff for your particular needs. We understand that plans change. For this reason, we keep a wait list of patients who would like to be seen in the event of a cancellation.

We kindly request that you give us at least **24 hours advance notice** if you cannot make a scheduled appointment time or date. For a Monday appointment, you must cancel by Friday no later than 2 p.m. If no advance notice is given and an appointment is missed, there will be a **Late Cancellation/No-Show fee of \$50**. All cancellations are to be made with the office, not with our answering service. For a late cancellation or no-show, your credit card will be charged **\$50** on the day of the missed appointment.

PLEASE NOTE: Insurances do not cover No-Show or Late Cancellation Fees so you will be responsible for payment.

Courtesy calls to remind patients of appointments do not substitute for a No-Show or Late Cancellation.

If a Cosmetic Consult is missed or not cancelled 24 hours prior to the appointment, you will forfeit your \$150 consultation payment.

Your credit card information will be kept in our secure files and will only be charged if there is a no-show or late cancellation for a scheduled appointment. A receipt will be sent to your address on file. If your credit card is declined, you will not be able to reschedule any future appointments until payment is remitted.

Credit Card (please circle): Visa Mastercard American Express Discover

Credit Card Number: _____ Security Code: _____

Expiration: _____ Zip Code for Billing Address: _____

I understand that the Late Cancellation & No-Show charge can be avoided if I give the office advance notice of at least 24 hours if I am unable to attend my scheduled appointment. I understand that this charge is nonrefundable.

I hereby authorize my credit card to be charged by Jandali Plastic Surgery in the event of a missed appointment or late cancellation.

Patient Name: _____

Patient's Signature _____ Date _____