



Credit Card Authorization Form

Name On Card: _____

Please Circle: VISA MASTERCARD AMEX

Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

_____ I authorize Speech-N-Motion to charge my credit card when Speech Therapy services have been rendered for _____. (not applicable for in-network patients)
(patient)

_____ I authorize Speech-N-Motion to charge my credit card for monthly recurring payments.

_____ I authorize Speech-N-Motion to charge my credit card in the case of last minute cancellations or "no-shows."

Cancellation Policy

Sick children and therapy do not go well together. Please inform us as soon as your child is showing signs of illness, so that we may cancel or reschedule your appointment. There will be no charge for cancellation due to illness, injury or emergencies of any kind.

In all other cases, please provide 24 hours notice for cancelled appointments. We strive to provide excellent therapy services and typically plan sessions a day in advance. Last minute cancellations or "no-shows" will result in the full cost of the session being charged to the credit card on file.

By signing below, I state that I understand the above and agree to Speech-N-Motion's cancellation policy.

Signature

Date