

CANCELLATION POLICY & CREDIT CARD ON FILE FORM

At Impakt Performance Medicine, LLC, DBA Jaded, we require a credit or debit card to be on file for your convenience. This is to pay for the portion of services that your insurance doesn't cover, but for which you are liable.

Your card may be charged after notifying you of any additional charges. For example, a portion of your visits that wasn't charged at the time of your appointment or was charged incorrectly after receiving your insurance's explanation of benefits (EOB).

In addition to the information stated above we require keeping your credit or debit card on file as a method of payment if a patient is more than 15 minutes late for an appointment or a scheduled appointment that has not been cancelled within at least 24 hours notice. In these Cases Impakt Performance Medicine, LLC, DBA Jaded reserves the right to charge a \$50 no-show / cancellation fee.

Your credit card information is kept confidential and secure.

Credit Card Information

NAME: _____

CVV: _____

CARD: _____ - _____ - _____ - _____

Exp: ____ / ____

Billing Address: _____

(Only if different than what's on
the Registration form)

City: _____

State: _____

ZIP: _____

I (we), the undersigned, authorize and request Impakt Performance Medicine, LLC, DBA Jaded to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility and any no-show or canceled appointments not received before 24 hours of your scheduled appointment.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to Impakt Performance Medicine, LLC, DBA Jaded in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____

Date: ____ / ____ / ____