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**APPOINTMENT REMINDER INFORMATION**

**Cancelation Policy & Credit Card Information**

**Brandy Marie Tafoya, APRN-C & Brandy Marie Family & Aesthetic Care**

Appointment reminders are provided as a courtesy but are not a guaranteed service and may occur less than 24 hours before the scheduled appointment. Late Cancellation and No-show fees will still apply even if an appointment reminder is not provided or received.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like appointment reminders? Yes NO

If Yes, how would like the reminders delivered? (Please select one)

initial\_\_\_\_\_\_\_\_\_ Text (message rates and costs will be an expense to the patient): #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

initial\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

initial\_\_\_\_\_\_\_\_\_ Phone Call: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Cell (Circle which number this is)

**Late Cancellation of Appointments & No-Show Policy**

On occasion, a situation may arise which prevents you from keeping a scheduled appointment. It is required that you notify Brandy Marie Family & Aesthetic Care ***24 hours*** in advance of an appointment you cannot keep. If an appointment is cancelled with less than 24 hours' notice you will be expected pay a **Late Cancellation** fee of **$50.00**. If you do not come to a scheduled appointment and fail to give any notice *prior to the appointment* (phone call, email, text, etc.) you will be expected to pay a **No Show** fee of **$50.00**. Exceptions may be granted to waive the fee in emergency situations but must be approved by the provider, Brandy Tafoya, APRN-C.

The purpose of these fees is to encourage responsibility on the part of the patient and to ensure that the provider's time, which has been reserved for you, is utilized efficiently. Late Cancellations and No Shows prevent the provider from using the period reserved to assist other patients who may need the appointment time. In addition, Late Cancellations and No Shows affect the provider financially. Consequently, these fees are in place to resolve these issues and are not typically waived.

**Calls to reschedule in advance may be made *during business hours* (M-F, 9AM-5PM) at the main line at 801-866-5353. If rescheduling needs to take place *after hours or on weekends* calls/texts can be made directly to Brandy Tafoya, APRN-C at 801-866-5353.**

By initialing below, I accept the responsibility to come to scheduled appointments, cancel appointments with a minimum of 24 hours advance notice, or pay the **Late Cancellation** or **No-Show** fee.

**Acknowledgement/Acceptance of Late Cancellation/No Show policy: (Please initial) \_\_\_\_\_\_\_\_\_**

**Card on File Agreement**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Billing address on card including zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Brandy Marie Family & Aesthetic Care, LLC. to keep my account information on file for payment and to initiate debit or initiate charge entries on this account, as amounts are owed for the Patient Account listed above. I acknowledge that the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law. I understand that a debit or charge may be made to my bank account or credit card account periodically to pay for amounts owed. If my bank account or credit card information listed above changes for any reason, I will notify Brandy Marie Family & Aesthetic Care. This authorization shall remain in effect until card expiration date as listed above or until Brandy Marie Family & Aesthetic Care has received a written notification from me of its termination. In the event of a returned ACH declined charge, my account will be charged a $25.00 service fee for each occurrence.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_