

Capital Biofeedback, Inc.
1210 SE Maynard Rd
Cary, NC 27511
984-664-5495

Credit Card Consent Form

Dear Consumer,

Thankyou for seeking the services of Capital Biofeedback, Inc. I look forward to working with you. You and your time are valuable. Upon scheduling, this allotted block of time has been reserved for you. This consent form serves as a promise between the two of us that we have both reserved that time. In the incident where you choose to dishonor that time and fail to show up for your appointment, your credit card will be charged the \$75 no-show fee. Also, cancelling your appointment without proper notification (48 hours) will result in a late cancellation fee of \$60. By signing this agreement, you have consented to these charges if they were to arise.

Please use the space below to provide the necessary information.

CC#: _____

3 Digit security code on back of CC: _____

Zip code: _____

Signature: _____

Please scan and fax this consent form to **919-297-0280** within **24 hours** of scheduling your appointment. You may also take a photocopy and send a picture of this completed form via text to 984-664-5495.

Sincerely,

Dr. Fragedakis