

HARFORD MEDICAL WEIGHT LOSS, LLC

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Phone: 410-877-8772
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Appointment Cancellation Policy

In an effort to better serve our patients, we are now requiring all patients to register a credit card with our office. This payment information will be **securely stored** and will have all of the same protections as the rest of your information in **a fully HIPAA compliant format**.

If you fail to cancel your scheduled appointment at least 24 hours in advance, your credit card will be charged \$85 on the day of your visit.

Full payment is necessary at the time services are rendered. Payments are non-refundable and non-transferable. If you are unable to complete a pre-paid treatment regimen, you can finish the treatment at a later date and/or receive a credit valid for up to one year after your last appointment.

By signing below I understand this Appointment Cancellation Policy.

Signature: _____ Date: _____

Please complete the following information:

Type of Credit Card (only Visa, MasterCard & Discover accepted): _____

Printed name as it appears on the Credit Card: _____

Name of patient if different from cardholder: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Zip Code where Credit Card is billed: _____

Cardholder's Authorization Signature: _____

Date: _____

Thank you for your cooperation and understanding regarding this matter.