



3615 West Charleston Blvd., Las Vegas, NV 89102 Phone: 702-508-9461 www.cairncenter.com

Credit Card Authorization for Missed/Cancelled Appointments

I, _____ have read and understand the cancellation policy as outlined in "Practice Guidelines and Consent to Treatment".

I fully understand that it is required that I cancel my appointment with Shaily Jain MD at least one business day prior to the scheduled appointment time to avoid being charged for the missed appointment.

I am authorizing Shaily Jain MD to charge the card listed below, if an appointment is cancelled within that 24 hour period or if I fail to show up for that appointment.

Credit Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Zip Code: _____

Client Signature

Date

Credit Card Holder Signature

Date

Clinician Signature

Date