



MIQUELI CHIROPRACTIC & MASSAGE THERAPY  
910 16TH ST STE 221 DENVER, CO 80202 o 303-573-0984

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### CREDIT CARD AUTHORIZATION

We understand that things happen and sometimes you can't appear for your scheduled appointment. In that case, please speak with our front desk and provide 24 hour notice. Dr. Miqueli sets aside valuable time just for you. In the event of a late-cancellation (less than 24 hours) or no-show, we will charge your credit card for the full cost of the missed appointment. Thank you for your understanding.

#### CARDHOLDER INFORMATION

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

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Direct Telephone: \_\_\_\_\_

\_\_\_\_\_(Initials) I authorize a late-cancellation charge, in the event that I cancel with less than 24 hour notice, against my credit card for the full cost of the session.

\_\_\_\_\_(Initials) I authorize a no-show charge, in the event that I do not appear for my scheduled appointment, and I do not call to cancel against my credit card for the full fee of the session. If you need to cancel or reschedule an appointment, please call our office at 303-573-0984.

#### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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