AUGHENBAUGH FAMILY CHIROPRACTIC

29W585 Batavia Rd. Ste. 4
Warrenville, IL
Telephone (630) 393-4114

Patient Name printed: _____

No Show & No Call Fee

There will be a $30.00 fee applied to my account for all no show appointments and for all cancellations with less than 6 hours notification. I understand I will be responsible for these charges and are payable at, or before, my next appointment. These fees are not billable to insurance companies.

Patient Signature _____

Date _____

Credit Card, Debit Card & FSA/HSA fees

I agree that $3.00 will be added to all card transactions.

Patient Signature _____

Date _____

** To avoid this $3.00 fee you can pay your balances with cash or a check. **

Staff Name/Signature _____

Date _____