



## Invitation to Health

### CANCELLATION POLICY AND PAYMENTS AUTHORITY FORM

Our aim is to provide prompt access to our services. In order to do so we have implemented a 100% consultation cancellation fee for appointments cancelled within **TWO BUSINESS DAYS** of the appointment time. (Note: **'Deep Health Consultations' require 5 BUSINESS DAYS notification**). Like other businesses, we have implemented this cancellation policy in order to reflect the clinical time set aside for you. In order to be respectful of the needs of other clients, please be courteous and call Invitation to Health promptly if you are unable to attend an appointment.

#### Appointment Cancellations / Rescheduling Policy Agreement

Appointments are to be cancelled **TWO BUSINESS DAYS** in advance of your appointment (**'Deep Health Consultations' require 5 BUSINESS DAYS notification**). This can be done by phoning **02 4322 0700**. If the office is unattended please email [info@invitationtohealth.com.au](mailto:info@invitationtohealth.com.au)

We reserve the right to charge your credit card a cancellation fee up to **100% of the consultation fee** if your appointments are not cancelled or rescheduled meeting the above criteria. We will not schedule another appointment until the payment has been processed/account settled. This fee will be deducted from the card provided at the time of booking your initial consultation.

#### Payment Authority

Our banking provider, Australia and New Zealand Banking Group Limited (ANZ), shall store your credit card details securely. This is protected by bank-grade security and encryption, which means records, notes and other information are protected.

- I request and authorise ANZ bank to debit any cancellation fees from the credit/debit card account identified below in accordance with this Payment Authority and the terms and conditions set out in the Credit/Debit Card Authority Service Agreement. I acknowledge that Invitation to Health will appear on my credit card statement if a cancellation fee is charged.
- By signing this Payment Authority, I acknowledge that I have read and understood the terms and conditions contained in this Payment Authority and the Credit/Debit Card Authority Service Agreement, a I agree to be bound by them.
- I understand that fees for services rendered are paid at the time of consultation by the method I choose e.g. EFTPOS. We do not accept cash payments. I do have the option of paying via ANZ electronic debiting service from the account listed below but if I choose this option at the time of a consultation, I will need to give Invitation to Health consent to process the transaction at that time. I acknowledge that payment via this method will only occur if I request and that if payment is made this way.

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

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

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