





# hr. Cancellation Policy Agreement

*SMI requires  24 hour notice in the event of a cancellation.* There is a **FULL** service fee for no-show or cancellation without  48 prior notification. This charge will not be covered by insurance.

By reading this statement, *I hereby authorize SMI to charge my credit card for any appointment missed without proper notification:*

**Credit Card#:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ **CVV:** \_\_\_\_\_

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

*SMI accepts:* **VISA MASTER CARD & DISCOVER ONLY**





