

Cancellation Policy

**Highlighted sections MUST be completed

Billing address: ___

Patient Name:		
I understand that SUNDARI Functional Eating require	es a credit card on file.	
I understand that the payment balance is due at the any prepayment made for services provided by SU 180 days from payment unless other arrangements by	NDARI Functional Eating will	
SUNDARI Functional Eating accepts Zelle, wire tran a 5% service fee.	sfers and credit cards. I unders	tand that credit card payments are subject to
Any outstanding balance on my account MUST be medication refill requests. Any returned check or fee: in addition to the amount of the check or payments.	disputed payment by a cardho	
In the event that my outstanding balance is not paid in Eating may take further legal action as necessary to it necessary to take legal action to recover any an including but not limited to reasonable attorneys' fee	recover the amount outstandir nount due, I agree to be liable	ng. Should SUNDARI Functional Eating find
I hereby authorize SUNDARI Functional Eating to use my account for appointments, cancellations with les		
NO-SHOW/LATE CANCELLATION POLICE As you are aware, medical offices tend to be very busy and of ensure they have a fair opportunity to have an appointment a	ften have waiting lists for emer	
If you are going to be more than 10 minutes late for a our schedule. There is no guarantee that we can he your appointment has passed, you will still be charg	old your appointment, but we	
If you need to cancel or reschedule an appointment, posten get patients who are in need of our care.	lease call us 24 business hours j	prior to your appointment. We can
**You MUST cancel 48 business hours PRIO	R to your appointment	, or you will be charged.
I understand the importance of the 48 business hours scheduled appointment if SUNDARI Functional Eatneeding to be canceled, need to be canceled by 12:0	ing does not receive the proper	-
Patient Signature		Date
Finar	ncial Responsibility	
Release of Information (ROI), <u>MUST</u> be completed for any Name:		providing ANY payment for ANY service.
Address:		
Phone:		
Credit Card:	Expiration:	CVV: