

**EXERCISE PHYSIOLOGY WORKCOVER RESCHEDULING POLICY**

**CREDIT CARD AUTHORISATION**

**Late Cancellations, Rescheduling and Non-Attendance**

Your reserved appointment times have been specifically allocated to you. To achieve maximum improvements in the shortest possible timeframe, it is vital that you maintain your advised schedule of care as approved by your insurance company and recommended by your health professional.

We often have a waiting list for clients to see our Physiotherapists and Exercise Physiologists. It is important that a minimum of 24 hours' notice is provided to Active Movement Studio for any cancellation or changes to an appointment so that it may be offered to someone who is on the Active Movement Studio priority list.

If you change or cancel an appointment within 24 hours of the appointment you will be charged 50% of the session fee (unless we are able to fill the appointment from our priority list).

Please note that you cannot claim a Health Fund Rebate for cancelled or missed sessions. The rebate is only payable on attendance. Your credit card details will be destroyed when you cease treatment.

**CREDIT CARD AUTHORITY**

I, (print name in block capitals) ....., have read and understood the above Credit Card Authorisation and accept the terms and conditions outlined.

I authorise Active Movement Studio to charge to my credit card \$85.00 equating to 50% of the session fee should I fail to provide at least 24 hours' notice of an appointment change or cancellation, or if I fail to attend an agreed appointment.

I understand that my credit card details will only be used by Active Movement Studio as outlined above.

**PAYMENT INFORMATION**

Method of Payment:	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/> CARD TYPE			
Credit Card Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> </tr> </table>					
Name on Card:						
Expiration Date:	MONTH:	YEAR:				
Signature:						

