



Credit Card Authorization Acknowledgement

Please notify our office at least 24 business hours in advance to cancel or move your consultation appointment. If you do not, you will be considered a No Show and you will be charged the full \$200.00 consultation fee. Please call 720-961-5280 to make any appointment changes.

We DO NOT accept insurance. Therefore, these fees will not be covered by your medical insurance. Repeated cancellations or no shows may result in discharge from our care for non-compliance.

Please arrive 10 minutes prior to your scheduled appointment time.

I authorize 5280 Stem Cell to hold my credit card on file until the date of my scheduled consultation. Should I fail to cancel/move my appointment at least 24 business hours in advance, my credit card will be charged a \$200.00 non-refundable fee.

Patient signature: _____ Date: _____