



Direct Debit Request

Request and authority to debit the account name below and to pay the amount debited to Tamar Chiropractic & Allied Health

Authority to Debit

I, (Name) _____ of
(Address) _____

Schedule A Term of Authority

Per scheduled session provided

Schedule B Amount to be debited

- Per fee schedule
 - Initial Consultation (60 mins) \$460.00
 - Second Consultation (30 mins) \$260.00
 - Long Consultation (20-39 mins) \$190.00
 - Extended Long Consultation (longer than 40 mins) \$260.00
 - Short Consultation (6-19 mins) \$120.00
- Supplement purchases as directed by patient

Schedule C Special Conditions

24 hours notice required for cancellation

Please respond to the reminder SMS, email reception@tamarchiropractic.com.au or call Tamar Chiropractic on 6331 3411 **50% fee applies for less than 24 hours notice**

Schedule D Credit Card Account to be Debited

Card Type:
Cardholder Name:
Card Number:
Expiry:
CCV:
Signature: