

Credit Card Authorization Form:

I hereby authorize [name of practice] and associates to charge my credit card for fees incurred which include fees for appointments, appointments missed or not canceled with 24-hr notice, copays or coinsurance, or fees for completion of paperwork requested or not part of a regular appointment, including extended phone contact, per office policy.

Name (print): _____

Card Address: _____

Card City/ State _____ Zip _____

Credit Card: Mastercard Visa Discover Amex

Card Number: _____

CVC: _____ Exp Date: _____ Zip Code: _____

Card Holder Signature: _____ Date:
