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CREDIT CARD PAYMENT INFORMATION

Card type: MasterCard Visa Discover AMEX Other _____

Cardholder name (as shown on card): _____

Card number: _____

Expiration date: (mm/yy): _____

Cardholder ZIP code (from card billing address): _____

CVC code (usually on back of card): _____

Credit cards are kept on file to cover any unpaid copays, no-show fees, or late cancellation charges. The card can also be used to cover copays, at your request.

I understand there is a minimum 24 hours notice required to reschedule or cancel an appointment, with a fee of \$80 whenever less than 24 hours notice is given, or when I do not show up for an appointment. I authorize the use of my card in the case that I have incurred any fees or have a balance owed at the end of my treatment.

Printed name

Signature

Date