



Please set up my account to automatically charge my co-payments, coinsurance, appointments not canceled and any other balances on my account to my credit card as listed below:

Credit Card # _____

Expiration date _____

Three digit security code on back: _____

Name as appears on Card _____

Visa Mastercard

Patient name(s): _____

Patient email for receipt: _____

Address that credit card statements are sent to:

Street: _____

City/State/Zip: _____

Signature

Date

Patient received copy of this document