

**CREDIT CARD AUTHORIZATION FORM** (MUST BE FILLED OUT COMPLETELY FOR FAMILY)

VISA    MASTERCARD    DISCOVER    AMEX

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

3 DIGIT SECURITY CODE \_\_\_\_\_

CARD HOLDERS NAME \_\_\_\_\_

LIST ALL FAMILY MEMBERS AND BIRTHDATES: \_\_\_\_\_  
\_\_\_\_\_

**UPON PROVIDING CREDIT CARD INFORMATION**, ONE STATEMENT WILL BE SENT, I AUTHORIZE ANY AND ALL OUTSTANDING BALANCE DUE WILL BE CHARGED TO CREDIT CARD IF NOT PAID WITHIN 15 DAYS OF RECEIVING STATEMENT.

**IF YOU CHOOSE NOT TO PROVIDE CREDIT CARD INFORMATION**, AFTER ONE STATEMENT, A FINAL COLLECTION NOTICE WILL BE ISSUED IF NOT PAID WITHIN 15 DAYS OF RECEIVING STATEMENT.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

TODAY'S DATE \_\_\_\_\_

FOR OFFICE USE ONLY: PATIENT ACCT# \_\_\_\_\_