



## Financial Policy (updated October 2024) Credit Card Payment Information

Please provide a valid Credit Card number to be kept with your file. This card will be used for any accrued fees including late cancelations, no-show fees, prescriptions sent outside of appointments, letter/form completion, etc. The charge will be processed at time of service. If the financially responsible party is someone other than the patient, it is up to the patient to appropriately communicate the reason for any charge. If you would like to use an alternative payment for any charges, it is the patient's responsibility to update this office regarding preferred payment method to be used. Please note some health spending or flexible spending accounts cannot be used for no show, missed appointment, or other fees.

### Default card to be used for appointments.

Name on Credit Card: \_\_\_\_\_  
 Type of Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Date of Exp: \_\_\_\_\_  
 CVV: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_

### Card to be used for no show, late cancellations, or other fees, if different.

Name on Credit Card: \_\_\_\_\_  
 Type of Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Date of Exp: \_\_\_\_\_  
 CVV: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_

By signing this form, I certify that I have read, understand, and agree to the practice policies. An additional copy of the policies can be provided upon request.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Relationship to Patient if Applicable