

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

VISA_____ OR MASTERCARD_____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

3 DIGIT SECURITY CODE (ON BACK ON SIGNATURE STRIP LAST 3 #S)_____

CARD HOLDER'S NAME _____

UPON PROVIDING CREDIT CARD INFORMATION, ONE STATEMENT WILL BE SENT, ANY PATIENT DUE BALANCE WILL BE CHARGED TO CREDIT CARD IF NOT PAID BY DUE DATE. IF YOU CHOOSE NOT TO PROVIDE CREDIT CARD INFORMATION, AFTER ONE STATEMENT, A FINAL COLLECTION NOTICE WILL BE ISSUED IF NOT PAID IN FULL BY DUE DATE.

AUTHORIZED SIGNATURE

TODAY'S DATE _____

LAST NAME **A-K** WILL BE CHARGED BETWEEN THE **1ST AND 15TH**

LAST NAME **L-Z** WILL BE CHARGED BETWEEN THE **16TH AND 30TH**

LIST ALL CHILDREN SEEN HERE AND THEIR BIRTHDATES:

_____	_____
_____	_____
_____	_____
_____	_____

FOR OFFICE USE ONLY: PATIENT ACCT#_____

CREDIT CARD POLICY ON BACK