

CREDIT CARD INFORMATION

You may submit credit card information so that it can be used for all future appointments. Your card will also be charged at the time of the missed appointment, if 48-hours notice was not given of the cancellation or rescheduling of appointment. Your credit card information will be kept private. This option is provided for your convenience and authorization will be revoked upon your request.

Authorization:

By signing below, I authorize Dr. Alizai-Cowan to charge my credit card for future appointments and for the full amount of each missed appointments for which adequate notice of cancellation was not given.

Credit Card Information:

Credit Card Type (circle one): AmEx, Discover, MasterCard, or Visa

Credit Card Number: _____

Credit Card Expiration Date: _____

Security Code (3 digit number on back for V/MC/D, 4 digit number on front for AmEx): _____

Billing Street Number (number only, not full address): _____

Billing Zip Code: _____

Card Holder's Signature

Date

Card Holder's Name

Patient's Name, if not same as Card Holder