

CREDIT CARD AUTHORIZATION

Billing Policy

Credit cards will be kept on file to be used for office visits, phone appointments, outstanding balances, and no show/cancellation fees. Please note that we require two business days for rescheduling or canceling appointments.

Thank you for your consideration and understanding of this new practice policy.

Please sign the authorization below:

I authorize Dr. Howard to charge my credit card listed below for office visits, phone appointments, outstanding balances, and no show/cancellation fees.

CC# _____ Exp Date _____ 3-4 Digit Code _____

Please circle: Visa Mastercard American Express

Cardholder Name

Billing Zip Code

Signature

Date