



FORM-8: Credit Card Policy

Credit Card Policy: Our office policy is to keep your credit card on file in a secured location and will not be used without notifying you. This is intended to make it more convenient for you to make any charges you desire but also provides us access to billing for any missed appointments with inadequate notice, phone appointments, and any supplement orders.

We will never bill your credit card without your approval. We will always forward an invoice for any charges made. Any and all charges are open for discussion.

- Credit Card #: _____ Expiration Date: _____
- Patient Signature: _____