



*Huber Personalized*  
—MEDICINE—

### FORM-3: 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 complete any charges you authorize for phone services, phone appointments, or 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: \_\_\_\_\_
- CVV: \_\_\_\_\_
- Patient Signature: \_\_\_\_\_