Optional Credit / Debit Card Payment Consent Form

As a courtesy we can keep your credit card information on file for outstanding charges. You may revoke this <u>optional</u> agreement at any time.

Patient Name	
Last	First
Name on card if different	
I authorize Sharon	surge to charge my card for professional services as follows:
Initial	
To charge my card for the bal	ance of fees including deductibles, copayments or co insurance amounts.
Not to exceed \$	_ per visit.
Type of card: Uisa N	aster card Discover American Express
Card Number:	
Expiration Date:	
CVV Number: (3	digit # on back of card or 4 digit # on front of card for American Express)
Zip Code of Billing Address	
A receipt for payment can be issued to	ou via email or text to your cell phone
Card Holder Email Address:	
Card Holder Cell Phone Number: ()
Card Holder Signature:	Date: