## 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	t	First
Name on card if different		
I authorize Shar	ron Burge to charge my card for pi	ofessional services as follows:
Initial		
To charge my card for the	e balance of fees including deductib	les, copayments or co insurance amounts.
Not to exceed \$	per visit.	
Card Number:	Master card Discover	·
CVV Number:	(3 digit # on back of card or 4 dig	git # on front of card for American Express)
Zip Code of Billing Address		
A receipt for payment can be issued	d to you via email or text to your ce	ll phone
Card Holder Email Address:		
Card Holder Cell Phone Number: (_		
Card Holder Signature:		Date: