

CREDIT CARD ON FILE AUTHORIZATION FORM Active Spine & Sports Care [Address: Camarillo and Ventura Locations]

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

CREDIT CARD INFORMATION Card Type: Visa MasterCard Discover American

Express Cardholder Name: _____ Card Number:

_____ Expiration Date: _____ Security Code

(CVV): _____ Billing ZIP Code: _____

AUTHORIZATION I, _____, authorize Active Spine & Sports Care to keep my credit card information securely on file and to charge my credit card for the following:

- Insurance deductibles • Co-insurance amounts • Co-payments • Missed appointment fees • Services not covered by insurance • Outstanding balances after insurance processing • Other services agreed upon with Active Spine & Sports Care

Terms and Conditions:

1. I understand that this authorization will remain in effect until I cancel it in writing.
2. I agree that Active Spine & Sports Care will notify me of any charges to my credit card through: Email Phone Text Message (select preferred method)
3. I will be notified of any charge exceeding \$_____ before processing (specify amount).
4. I acknowledge that the credit card information will be stored securely and in compliance with PCI standards.
5. I agree to update Active Spine & Sports Care with any changes to my credit card information.

6. I understand I can request a detailed receipt for any charges processed.

7. If my credit card is declined, I agree to provide an alternative form of payment within 48 hours.

8. I understand that this agreement does not affect my right to dispute charges under my credit card issuer's guidelines.

Cancellation Policy: I understand that I must provide at least 24 hours notice to cancel an appointment to avoid a cancellation fee.

Privacy Statement: Active Spine & Sports Care protects your personal information and complies with all applicable laws and regulations regarding the security of credit card and personal information.

By signing below, I acknowledge that I have read and understand this authorization form and agree to these terms.

Signature: _____ Date: _____

For Office Use Only: Staff Member: _____ Date Processed:

_____ Card Verified: Yes No