



H E A L T H A V E N

## Credit Card on File Billing Authorization Form

Thank you for choosing to join the integrative journey with Health Haven. We look forward to providing you with personalized, comprehensive health care focusing on wellness and prevention. Your initial consult is about one hour long and because this blocks out a significant amount of time within a very busy, high demand practice, we require the cost of the appointment to hold your commitment to the time you have agreed to. We have realized that decreases the "no show rate" significantly and holds people accountable. The fee will be credited towards services rendered. Health Haven, is offering a secure and convenient method of payment for the portion of services which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only for services rendered.

I authorize by signing below, that I understand the above office policies. If I do not email Health Haven at [frontdesk@healthhavenmd.com](mailto:frontdesk@healthhavenmd.com) 48 hours prior to my appointment, and I do not show up to the scheduled appointment, the cost of the appointment will not be credited. I authorize Health Haven to charge my credit card on file for any balances on my account for future services rendered.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_