

Client Name: \_\_\_\_\_

**Authorization for Automatic Credit Card Charge**

**This form is mandatory for all clients of Emerge and must be completed before their initial appointment. This form authorizes Emerge to charge this credit card at the time services are rendered.**

This card will also be charged according to the terms of the Emerge financial agreement in the event of:

- Failing to show up for a scheduled appointment without notice
- A late cancellation
- Any current or past-due self-pay balances or balances transferred to patient responsibility by insurance or third-party payers

Type of Card: (circle one) Mastercard   Visa   Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      CVV: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Check this box if you would like to receive emailed receipts every time your card is charged

I authorize Emerge P.C. to charge the above-named credit card account for balances incurred.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date