

Meliora Family Medicine PLLC

Automatic Credit Card Billing Authorization Form

Automatic billing is the preferred method of payment for Membership Fees of Meliora Family Medicine PLLC. If you would like to participate, please complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Principal Member Information:

Name: _____ Phone: _____ DOB: __/__/_____

Payment Information:

I authorize Meliora Family Medicine PLLC to automatically bill the card listed below as specified (check any and all that you wish to apply):

Recurring Payments:

Amount: \$_____

Frequency: Monthly Annually

Start Billing on: __ / __ / _____

End Billing: Per Contract, when customer provides written cancellation or contract is otherwise terminated.

One-Time Payments: at rates per current Fee Schedule

Medical Visit Fees (Office, Phone, WebVisits)

Other Fees (Vaccine/Supply costs)

Acupuncture Visits

Credit Card Information

Credit Card Type: Visa Mastercard Discover

Credit Card Number: _____ Expires: /

Cardholders name (as shown on credit card):

Cardholder's Zip Code (from billing address, required):

Member's Signature: _____ Date: _____ / _____ / _____