



## Pre-Authorized Credit Card Charge Agreement

I, \_\_\_\_\_, wish to authorize Flatiron Functional Medicine LLC, to charge my credit card for services and/or supplements agreed upon to a maximum per charge amount of \$\_\_\_\_\_.

This also includes cancellation fees incurred if visits are not cancelled 48 hours in advance, up to the amount of \$250.

Patient Name \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_

CVV Code \_\_\_\_\_ EXP \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_