



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 \$310.

Patient Name _____

Name on Credit Card _____

Billing Address _____

City _____ State _____

Zip Code _____

Card Number _____

CVV Code _____ EXP _____

Phone _____

Signature _____ Date _____