



CREDIT CARD AUTHORIZATION

All charges are made on the day of the scheduled services unless other arrangements are made and agreed upon by both parties. Fees include, but are not limited to, insurance deductibles not paid, co-insurance payments, fees for additional professional services, and no-show/cancellation fees for non-emergencies.

By providing your credit card information, you are giving Independent Clinical Solutions, LLC (ICS) permission to charge your credit card according to the policies outlined in the ICS Provider and Client Service Agreement.

Card Holder Information:

Name on Card:	
Home Address:	
Phone Number:	
Card Number:	
Expiration Date:	
Three-Digit Security Code:	
Card Type (Visa, MasterCard, Discover, American Express):	
Zip Code Associated with the Credit Card:	

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: _____