INITIO

PLACE PATIENT LABEL HERE

CT CREDIT CARD PAYMENT AUTHORIZATION FORM

At the time of booking, INITIO Medical Group Inc. asks each patient to provide their credit card details. There is a $100 deposit required upon confirmation of your appointment. $50 of this deposit is FULLY NON REFUNDABLE, which is used to cover out of pocket costs incurred by INITIO prior to your appointment. The remaining amount of the current applicable fee is payable at the time of service.

Cancellation Policy: We require 24 hours notice for any cancellations. In any event, $50 is non-refundable. If less than 24 hours notice is provided, your full $100 down payment is NOT refundable.

Name of Patient _____

Full Name of Credit Card Holder _____

Credit Card Holder's Phone Number _____

Credit Card Holder's Email _____

Type of Credit Card AMEX / MASTER CARD / VISA

Credit Card Number ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry Date ☐☐ / ☐☐

CVV Number ☐☐☐

Limit on Charges **$100.00**

"I, _____ (name) irrevocably authorize INITIO Medical Group Inc. to debit charges incurred in connection with the appointment of the above named patient of $1,00 from my credit card as stated above. If the appointment is rescheduled, I understand that $50 of this fee will be applied towards the scan fee."

_____ _____

Signature of Credit Card Holder Date

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