



PLACE PATIENT LABEL HERE

AMYLOID PET/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 \$2000 deposit required upon confirmation of your appointment. \$750 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, \$750 is non-refundable. If less than 24 hours notice is provided, your full \$2000 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 /

CW Number

Limit on Charges \$2000.00

"I, _____ (name) irrevocably authorize INITIO Medical Group Inc. to debit charges incurred in connection with the appointment of the above named patient of \$2,000 from my credit card as stated above. If the appointment is rescheduled, I understand that \$750 of this fee will be applied towards the scan fee."

Signature of Credit Card Holder

Date