

Credit Card Authorization Form and Cancellation Policy

Patient's Name _____ Name on Credit Card _____

Credit Card # _____ Exp _____ CVV _____

Billing address _____

I authorize Health Builders PC to keep my credit card on file and bill by credit card for cancellation fees, payment of services, laboratory fees and supplements as needed.

Explanation of Payment and Cancellation Policy:

Payment is due at the time of service. We are an out-of-network provider, meaning we do not accept any insurance for payment for services.

If it is necessary to cancel your scheduled appointment, we require that you call 24 hours in advance. Failure to notify our office 24 hours in advance will result in a \$100 cancellation fee for Dr. Kim.

Dr. Kim offers email communication but if the email comprises questions which requires time to research, review, and respond to your email **equivalent to time spent commensurate with an office visit**, you may be asked to schedule a phone visit.

Dr. Kim may decide that email communication is less efficient than an in-person or phone consultation. If Dr. Kim determines that your email is too complex and requires an in-depth explanation, you will be asked to schedule a phone or in-person consultation with your doctor so that your question(s) may be adequately and appropriately addressed. The phone calls are billed at the regular, in-office rate with payment due via credit card at the end of each call.

I understand and agree to the terms of Health Builders payment and cancellation policies.

Signature: _____ Date _____