

Credit Card Consent Form

Our practice requires all patients have a credit card on file for missed appointments. We also require a 24-hour cancellation notice, so that we may use this time slot for another patient. Notifications made for the following day after business hours, on the weekend, holiday or after close of business Friday, 12pm (noon) will be charged the following fees.

Missed Appts / Late Cancellations

- Office Visit \$75
- Second Missed Office Visit \$100
- New Patient Visit \$100
- Office Procedure \$100

ACKNOWLEDGEMENT

I hereby authorize Diabetes and Metabolism Specialists of San Antonio to charge my credit card on file for any missed appointments / late cancellations.

Patient name:				
(Print) Last	/	First	/	Middle Initial
*Cardholder name:				
(Print) Last	/	First	/	Middle Initial
*Cardholder Signature:				
Card Number:			Exp D	ate: /
Today's Date:///				