



Consent for Payment by Credit Card

By completing this form, I agree to all the terms and conditions set below. I understand my credit card will only be charged for services or items related to my care at ZenMed Acupuncture in accordance to ZenMed's Office Policies & Payment Policies.

I authorize ZenMed Acupuncture to charge my credit card for treatment, consultations, exams, Chinese herbal medicines, nutritional supplements, etc. rendered to me. I also request that my credit card be charged for any services, etc. given to my family member(s) listed below:

Name of Included Family Member(s): _____

Conditions For Credit Card To Be Charged (Please Select All That Apply):

- _____ Once a month on the first of the month for a monthly treatment plan
- _____ Once per week for co-pays or for per visit charges for services rendered to me or family members as indicated above
- _____ Per visit for services rendered to me or family members as indicated above
- _____ I prefer to pay at time of service, however in the event I do not and there are outstanding balances at the end of the month, my credit card will be charged on the 1st day of the following month
- _____ Other: _____

Use The Following Credit Card For Any Items Listed Above:

Credit Card #: _____ Expiration Date: _____
3-Digit Security Code: _____ Billing Zip Code: _____
Type of Card (select): Visa MasterCard Amex Discover Other: _____
Name (as it appears on the card): _____
Credit Card receipt? No Receipt Printed Receipt Email Receipt