



Vitality Health & Wellness, LLC
Andrew Levinson, MD
801 4th Street
Miami Beach, FL 33139
ph. 305.466.1100 fax: 305.466.1160

CREDIT CARD AUTHORIZATION FORM

The undersigned authorizes Vitality Health & Wellness to keep their signature and credit card information on file and to charge their credit card for all charges incurred by them (or the patient that they are authorizing charges for) as per the policy described on this form.

My signature acknowledges that I have read and understand the Credit Card Authorization Policy and agree to pay the amount as per the Policy describes if I (or the patient I am authorizing charges for) have a telephone consultation with the doctor; provide less than 24 hours' notice when canceling, rescheduling or missing an appointment (cancellation confirmation number required for disputes); and for any outstanding balances.

Patient Name

Today's Date

Credit Card Type (Visa, Mastercard, American Express or Discover)

Credit Card Number

Credit Card Expiration Date

Credit Card Security Code

Signature of Card Holder

Printed Name of Card Holder

Relationship to Patient if not the patient

Please note: this form may be used without prior authorization for charges related to initial consultations; appointments canceled, missed or rescheduled without 24 hours notice (cancellation confirmation number required for disputes); and for any outstanding balances.