

Dr. Cara Jean Emes
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Billing Authorization Form

For payment of services, I utilize contactless billing with CardPointe and/or Square to collect payments on the day of your appointment from this Billing Authorization Form. I accept credit cards, debit cards, benefits cards, and health/flex spending account cards. At any time if you would like to change your payment method, let me know and I will update your paperwork.

Missed Appointments & Cancellations: As indicated in my Informed Consent for Treatment, I ask that you provide a minimum of 24 hours notice for cancellations. A fee of \$150 will be charged for missed appointments and late cancellations on the day of your appointment. These charges are not covered by insurance.

Please initial each of the following items and then complete the credit/debit card information for this authorization form:

- 1) ____ The undersigned agrees and authorizes Dr. Cara Jean Emes to charge the card indicated below for any account balances on the day services are rendered.
- 2) ____ Account balances include, but are not limited to, co-pays, direct payments, co-insurance, balances not covered by insurance, fees for cancellations given with less than 24 hours notice, and no-show appointment fees.
- 3) ____ For late cancellations and no-show appointments, the card will be charged on the same date as the missed appointment.
- 4) ____ The undersigned authorized Dr. Cara Jean Emes to process the card as "Signature on File" for any balance due on your account.

Name as it appears on the credit card: _____

Type of credit card: Visa American Express MasterCard Discover

16-Digit Card Number: _____

Card Expiration Month & Year: _____

3-Digit Security Code (on back of card): _____

Billing Zip Code: _____

Your Name (Printed): _____

Your Signature: _____ Today's Date: _____