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## New Patient Informed Consent for Credit Card Authorization

I hereby authorize Charny Healing Center to charge my credit card for the amount of \$100.00. This transaction will confirm my intent to a new patient visit in the office.

By my signature, I understand that I must give Charny Healing Center at least 24 hours (a full business day, Monday – Friday) notice of any cancellation or schedule change, or I will be charged for the full new patient fee which will not count for the next scheduled appointment.

The \$100.00 will apply to the New Patient fee on the day of the first appointment or will be refunded in case the appointment is rescheduled with a 24 hours' notice.

I understand that no appointment will be made without a credit card number confirmation.

In addition, I give Charny Healing Center authorization to pay for any outstanding office visit balances, cancellation fees, laboratory fees and products.

You have the option to give the card number over the phone, but the consent form must be signed and returned.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Contact Number: \_\_\_\_\_

Guardian's Name if Patient under 18: \_\_\_\_\_

Guardian's Contact Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Patient's or Guardian's Signature: \_\_\_\_\_