HEALTHY TRAVELER
Preventative Travel Medicine
Since 1992

CREDIT CARD BILLING CONSENT

HEALTHY TRAVELER®
1250 East Green Street
Suite 100
Pasadena • CA • 91106
T 626 • 584 • 1200
F 626 • 584 • 2900
healthytraveler@gmail.com
www.healthytraveler.com

CREDIT CARD PAYMENT BY ANOTHER INDIVIDUAL FOR YOUR MEDICAL SERVICES?

FAILURE TO COMPLETE THIS FORM WILL RESULT IN APPOINTMENT DELAYS

Credit card holder must complete this form and provide the following:

- **Copy of Front and Back of credit card you will be using**
- **Copy of valid and current drivers license of credit card holder**

Bring this completed form and requested copies on appointment day

TO EXPEDITE: you can fax to 626-584-2900 or email to healthytraveler@gmail.com

- **FULL NAME OF PATIENT(S) YOU ARE AUTHORIZING PAYMENT FOR:**

_____

- **I AM AUTHORIZING THE FOLLOWING ITEMS (Please initial all that apply):**

_____ ONE TIME CONSULTATION , IMMUNIZATION(S) AND ORAL MEDICATION ONLY
_____ ONE TIME CONSULTATION ONLY- NO IMMUNIZATIONS/ORAL MEDICATIONS
_____ DISPENSE ORAL MEDICATIONS ONLY
_____ ALLOW PURCHASES OF TRAVEL SUPPLIES AND ACCESSORIES
_____ RETURN VISIT FOR ADDITIONAL IMMUNIZATIONS -BOOSTER SHOT SERIES
_____ AUTHORIZATION VALID ONLY UNTIL MONTH _____ DAY _____ YEAR _____

- Do you want an email copy of the medical services rendered?

Your email address: _____

- CIRCLE ONE: Visa Master Card Discover American Express

- Credit Card Number _____ EXP _____/_____

- THREE or FOUR DIGIT CV2 SECURITY CODE _____

- Name on Credit Card _____
- Card Billing Address _____
- City _____ State _____ ZIP CODE _____
- Cardholder's Billing Phone Number: Area Code: _____ Number _____

With my signature below, I hereby authorized Healthy Traveler® Clinic MD to charge my credit card account listed above for the office visit and/or medical services rendered today for the patient(s) named above.

- **Cardholder's Signature**_____
- Today's Date _____/_____/_____
- Contact number if there is a problem: Area Code _____ Number _____

- Additional comments by cardholder _____

_____

ALL INFORMATION PROVIDED ABOVE ARE KEPT CONFIDENTIAL IN OUR OFFICE AND ARE NOT SHARED WITH ANYONE EXCEPT YOUR CREDIT CARD COMPANY.

06.2014