



630 Chestnut Rd. Myrtle Beach, SC. 29572
3997 Meeting St. Suite B Loris, SC 29569

Office: 843-945-1452 **Fax:** 843-945-1489

Payment Authorization Form

PATIENT NAME: _____ DOB: _____

Name on Card:

Card Number:

Card Expiration:

Billing Address:

Acknowledgment:

The practice may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization. Payments are due prior to appointment.

Signed By: _____

Signature: _____