

Balances, copays and bills will still be sent via statements and will not be automatically charge on this card.

If you consent to have this card on file and have it be charged for any missed appointments with Dr. Phillips, fill out the box below:

Name _____	
Credit Card # _____	Exp _____
Type (MasterCard, Visa, etc) _____	Security Code _____
Signature _____	Date _____

If you do not consent to put a card on file, fill out the box below:

Name _____	
I do not consent to put a card on file for missed appointments and I understand I cannot make any appointments with Dr. Phillips until I put a card on file.	
Signature _____	Date _____