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CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

I authorize Nova Medical & Urgent Care Center, Inc. to charge the credit card listed below and apply it to the following account(s).

Account Number: _____ Amount: _____

Patient Name: _____

Account Number: _____ Amount: _____

Patient Name: _____

Account Number: _____ Amount: _____

Patient Name: _____

Account Number: _____ Amount: _____

Patient Name: _____

Name of Cardholder: _____

Address: _____

Phone Number: _____

Card Type: VISA MasterCard AMEX Discover

Card #: _____

EXP _____ / _____ 3 Digit Code: _____