

CREDIT CARD AUTHORIZATION FORM

Live Optimal Healthcare

5201 S Cooper Street Suite 111a
Arlington, TX 76016

Patient Information

Patient Name: _____
Date of Birth: _____

Cardholder Information (if different from patient)

Cardholder Name: _____
Billing Address: _____

Credit Card Information

Card Type: Visa MasterCard American Express Discover

Name on Card: _____
Card Number: _____
Expiration Date (MM/YY): _____
CVV: _____

Authorization for Charges

I hereby authorize **IBG Healthcare Services** to charge my credit card for:

- 6 Month Contract Monthly Membership Fee (\$150/month)
- Month to Month Monthly Membership Fee (\$250/month)
- Annual Membership Fee (\$1500/year)
- Additional services not covered under membership
- Missed appointment / late cancellation fees (if applicable)

Recurring Payment Authorization

I understand and agree that:

- Charges will be processed on or around the **1st of each month** (or annually, if selected)
- This authorization will remain in effect until I provide written notice to cancel
- I am responsible for ensuring that my payment information is current and valid

Declined Payments

I understand that:

- If a payment is declined, I am responsible for providing an updated payment method promptly
- Failure to resolve payment issues may result in **interruption or termination of services**

Cancellation of Authorization

I may cancel this authorization at any time by providing **written notice** to Live Optimal Healthcare. Cancellation does not waive any outstanding balances owed.

Security and Confidentiality

Live Optimal Healthcare will take reasonable measures to protect my financial information in accordance with applicable privacy and security standards.

Acknowledgment

I certify that:

- I am an authorized user of the credit card listed above
- I have read and understand this authorization
- I agree to the terms outlined in this form

Cardholder Signature: _____ **Date:** _____

Patient Signature (if different): _____ **Date:** _____

Provider/Representative Signature: _____ **Date:** _____