M. N. Shamsi PC
1000 Germantown Pike
Unit H-4
Plymouth Meeting, PA 19462

Credit Card Pre-Authorization Form

I authorize Mind Body Institute of Chester County to keep my signature on file and to charge the credit card selected below for the following:

- ❑ **Balance remaining after claim (s) is (are) resolved not to exceed $_____ for:**
  - ❑ This consultation only
  - ❑ All consultations this calendar year
  - ❑ All consultations from _____ (date) to _____ (date)
- ❑ **Recurring charges of $_____ to be charged every _____** (frequency)
  - ❑ From _____ (date) to _____ (date)
- ❑ **Charges for the following family members:**

_____ (authorized family member)
_____ (authorized family member)
_____ (authorized family member)
_____ (authorized family member)

Check One:

- ❑ Visa®
- ❑ MasterCard®
- ❑ American Express®
- ❑ Discover Card®

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Signature: _____ **Date:** _____