

LYME RESOURCE MEDICAL P.C.
Dr. Bernard D. Raxlen MD

PAYMENT AND CANCELLATION POLICY
PLEASE READ CAREFULLY

Dear Patients,

Due the extensive waiting list a new payment and cancellation policy is in place.

Please keep in mind that a last minute cancelation or no show, blocks those patients in need of an appointment and also is a no consideration with Dr. Raxlen's time, with that said:

Please be advised that once you make an appointment it is *YOUR RESPONSIBILITY TO KEEP IT*, the system will automatically charge the office fees 72 business hours prior to your appointment. The 72 hours window is a guarantee that you will keep your appointment and also will give us enough time to contact other patients in need.

We allow cancelation up to 48 hours of your appointment and refunds will be issued to your credit card on file, less the processing fees. Cancellations after this period will not be reimbursed.

CREDIT CARD AUTHORIZATION FORM

I, _____, give Lyme Resource Medical permission to process all charges relating to any present or future visits to the below referenced credit card. My signature below gives Lyme Resource Medical PC to process all requested transaction to the credit card listed.

Name on Card _____
Credit Card Number : _____ Security Code _____
Card Type (circle one) Visa / Mastercard / Discover - Exp. Date: _____

Billing Address for the Card:

Street Address: _____ City /State _____ ZIP Code _____

Phone Number: _____

Signature _____

We thank you in advance for your cooperation,
Lyme Resource Medical PC

I choose not to provide my card information and I was informed and read the payment and cancellation policy by _____ Date _____ Time _____

Patient's signature _____