

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

PAYMENT AND CANCELLATION POLICY
PLEASE READ CAREFULLY

Dear Patients,

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

Please keep in mind that a last minute cancellation 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 do not refund payments done within 72 hours prior to your visit. If however, we are able to fill your space, management will apply your payment to reserve another appointment consultation with Dr. Raxlen.

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 / Amex / Other _____ 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: _____