

LYME MEDICAL CENTER NJ  
Dr. Bernard D. Raxlen MD

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**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 Medical Center NJ permission to process all charges relating to any present or future visits to the below referenced credit card. My signature below gives Lyme Medical Center NJ 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 Medical Center NJ**

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: \_\_\_\_\_