



contact-us@medovate.io  
telephone: 847-499-5500

### CREDIT CARD AUTHORIZATION FORM

Name of cardholder: \_\_\_\_\_

Credit Card Type:            Visa            Mastercard            Discover            Other

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I authorize Medovate, LLC to charge, to the card listed above, the contracted insurance rate of my session, copay, and our session fee (if insurance is not being used).

\_\_\_\_\_ Initial

I authorize Medovate, LLC to charge any unpaid balance of co-payment/coinsurance, fees, or money allocated toward my deductible that is overdue by 30 days, to the credit card listed above.

\_\_\_\_\_ Initial

Email Address for Receipt of charge: \_\_\_\_\_