

PAYMENT PROCESSING AUTHORITY

Including on-line and phone consultations.**

In order to allow me to serve you efficiently, and therefore keep my fees as low as possible, I ask patients to provide me with prior credit card payment processing authority.

Providing a signed payment processing authority allows clients to call me anytime following consultations, by appointment or otherwise, for additional guidance and refinement of treatment programs. Patients will only be charged at the rates specified on the Fee Schedule and only following a phone call or internet consultation, both of which are initiated by the patient.

Mr/Mrs/Ms/Miss: _____

Address: _____

_____ Postcode: _____

Phone: (Day) _____ (Night) _____

Mobile: _____

Email: _____

Payment Options:

Note credit card payments will appear under the merchant account: INSERT MERCHANT

Mastercard Visa Bank Card (please circle)

Card Number: _____ Expiry Date ___/___

Card Holder's Name: _____ Signature: _____

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