

Yujuan Choy

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**New Patient Appointment Placeholder Policy
Credit Card Authorization Form**

Please read the following policy carefully: A non-refundable fee of \$100 is required to hold a new patient appointment slot. This fee is credited towards your initial appointment fee when you show up for the appointment. Should you miss the appointment once your credit card is charged, you will not receive a refund. This fee is not reimbursable through your insurance.

Your credit card will be processed before the appointment time as follows:

- Saturday and Tuesday appointments are charged on the preceding Thursday.
- Thursday appointments are charged on the Tuesday of the same week.

If your credit card is declined, your appointment will be automatically cancelled.

This form authorizes Dr. Choy to bill your credit card for the non-refundable initial appointment placeholder fee.

I, the undersigned individual, authorize Yujuan Choy, M.D. to charge my credit card in the amount of **\$100** to hold my initial appointment slot. I am aware that once my credit card is charged, I will not receive a refund if I miss my appointment. I understand Dr. Choy's appointment placeholder policy and agree to not dispute charges for any reason. I further authorize Dr. Choy to disclose information about my attendance to my credit card company if I dispute a charge.

Card Type (please check one): Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ Security Code*: _____

*This is a 3-digit code located on the back of your card.

Billing Address: _____ Zip: _____
(Street, City and State)

Name (as printed on card): _____

Signature of cardholder: _____