



## One (1) Time Credit Card Payment Authorization

Thank You for using the services of At Home Urgent Care. Please read the debit or credit card consent form carefully before signing up and using our telehealth/telemedicine services.

By logging in, you agree that you have read, understood, and agree to the terms indicated on this consent form on the date you have logged in for your telehealth/telemedicine visit.

By consenting to/signing and/ or completing this form you authorize At Home Urgent Care to make a one-time charge to your debit or credit card listed below.

By consenting to/signing and/or completing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize \_\_\_\_\_ to charge my  
(Cardholder's Full Name) (Merchant's Name)

debit or credit card account indicated below for \$ \_\_\_\_\_ on  
\_\_\_\_\_.  
(Amount \$) (Date)

This payment is for \_\_\_\_\_.  
(Description of Goods/Services)

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_



## Card Details

Visa     MasterCard     Discover     American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip Code \_\_\_\_\_

I authorize At Home Urgent Care to charge the debit or credit card indicated in this authorization form or provided at my telemedicine/telehealth appointment according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this debit or credit card and that I will not dispute the payment with my debit or credit card company; so long as the transaction corresponds to the terms indicated in this form.