

Holistic Medical Center of Alabama  
12205 County Line Road, Suite E, Madison, AL 35758

Rodney D. Soto, M.D.

Phone: 256-325-1648 Fax: 888-477-8452

Authorization for Credit Card Use

*The Undersigned authorizes the Holistic Medical Center of Alabama to charge my credit card \$100 for any consultations and/or \$50 for any IV therapies that are not canceled or rescheduled at least 24 hours before the scheduled time.*

*I authorize the Holistic Medical Center of Alabama to charge the credit card listed below for orders placed over the phone for supplements, testing, etc. unless otherwise specified.*

*If for some reason there is an outstanding balance on my account, I authorize the Holistic Medical Center of Alabama to charge the credit card listed below for said amount.*

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

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Visa, Discover , MasterCard, or AMEX

Name as printed on Card: \_\_\_\_\_

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

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

3 Digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

*This card may be changed or updated as needed.*