

STEVEN KAI CHAO, M.D., PH.D.  
5325 BALLARD AVENUE NW, SUITE 209  
SEATTLE, WA 98107

CREDIT CARD AUTHORIZATION

I hereby authorize Dr. Steven Chao to charge for regular appointments, telephone calls, deductibles, coinsurance, copayments, missed appointments, and appointments cancelled with less than 24 hours' notice, to the following credit card account:

\_\_\_\_\_  
NAME ON CARD

MASTERCARD     VISA     DISCOVER     AMERICAN EXPRESS

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CARD NUMBER

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EXPIRATION DATE

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CVV NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS OF CARDHOLDER

I understand that missed appointments and appointments cancelled with less than 24 hours' notice will be charged on the day of the scheduled session for the full amount of the fee, and that telephone calls will be logged and charged as a single fee at the end of each month.

I understand that my credit card will be charged under these circumstances by manual entry of my account number (without swiping of the card) through Square, Inc. in a secure online transaction. An electronic receipt will be sent to the email address of the cardholder.

This authorization applies only to the above special circumstances. Any other charges to my account must be separately authorized.

\_\_\_\_\_  
NAME OF PATIENT

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE