



McMINN CLINIC

WORLD CLASS WELLNESS MEDICINE IN BIRMINGHAM

CREDIT CARD INFORMATION

Private and Confidential Information

Patient Name: _____

We ask that you put a credit card on file in your medical record. This confidential information will be used for phone consults charge, purchasing supplements that you may want us to have ready for pick-up or mailing and for missed appointments. A receipt can be mailed to you upon request. Otherwise, the receipt can be accessed in our system at any time of you require a copy. The information you provide here will be kept confidential and will be used only for the purposes stated above, unless otherwise discussed with you prior to charging you credit card.

Credit Card Type:

Mastercard Visa American Express Discover Care Credit

Credit Card Number: _____

CVC: _____ or **AmEx** (4 digits on front of card) _____

Expiration date: _____

Mailing zip code of the above credit card: _____

Signature of card holder

Date