



Dear Debit/Credit Cardholder,

In an effort to better serve our clients, the Advanced Rapid Detox offers credit card payments for your convenience. To make a payment via credit card for a loved one, please complete and sign this form.

For Security reasons, ONLY upload this completed form here: https://www.paubox.com/Advanced_Treatment_Center/upload

CREDIT CARD AUTHORIZATION

Name of Person Whose Services I am Paying For: _____

Card Type (circle): MasterCard VISA Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Cardholder Billing Address: _____

Card Number: _____ Expiration Date: _____

\$ _____ (KETAMINE INFUSION)
 \$ _____

TOTAL AMOUNT AUTHORIZED: _____

(print name here), I authorize Advanced Rapid Detox to charge my debit or credit card for the above listed services.

I understand that a 2% Cash Discount is available and will be immediately deducted off of the regular price if I wish to pay with cash, certified check, money order or by debit card. I authorize this payment and agree that I will not dispute this payment at a later date for any reason. I understand and agree that the payment I am authorizing is for a Ketamine infusion.

(initial here) **NO REFUND POLICY:** I understand and agree that this procedure is **NON-REFUNDABLE** and that I remain responsible for all amounts owed for services I am authorizing be undertaken. I agree and understand that due to the nature of this medical procedure there are no guarantees offered or implied.

Cardholder Signature: _____ Date: _____

Cardholder Phone: _____ Email: _____

Relationship to Patient: _____