

Acacio Fertility Center, Inc.

Brian D. Acacio, M.D.

BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

Credit Card Authorization Form

AFC BILLING ACCT#: _____

Please complete and fax to: (949) 249-9203

PATIENT NAME: _____

SERVICE: _____

I/We _____ authorize Acacio Fertility Center, Inc. to charge my card:

() Mastercard () Visa () American Express or () Discover credit card account

Number _____ which expires _____ in the amount of
\$ 75.00, as a cancellation fee, if not given at least 48 hours to cancel/reschedule my
appointment. If I decide to reschedule, the cancellation fee may/may not apply towards my next NP
consult. My billing address is as follows:

SECURITY CODE: _____ (3 DIGIT FOUND ON BACK OF VISA/MC/DISCOVER OR 4 DIGIT ON FRONT OF AMEX)

Signed: _____

Date: _____

CANCELLATION POLICY

As you know, waiting for an appointment to begin fertility treatment can be stressful, so we ask you to be considerate of other patients who are waiting for their appointment with Acacio Fertility. If it becomes necessary for you to cancel your appointment, we require *at least* 48 hours notice, so that we can contact other patients who may be able to take your scheduled appointment. In the event, you are unable to *give us 48 hours advance notice*; your credit card on file will be charged a \$75- cancellation fee

27882 Forbes Road, Suite 200 • Laguna Niguel, CA 92677

949.249.9200 • Fax: 949.249.9203