

Ami Laws, MD

Payment Selection

Patient Name: _____

I would like to pay my fee by (**check one below**):

check (**check one**): I will send in automatic check payments Please bill me monthly

credit card (**complete card information below**):

___ Monthly (credit card only) ___ Annually ___ Bi-Annual ___ Quarterly ___ Other (specify): _____

Credit Card Payment Information

I authorize Dr. Ami Laws to automatically bill my Concierge fee to my credit card and also charge services or items not covered under my concierge fee such as travel vaccines, etc.

Amount: \$ _____ Frequency (check only one): Monthly Quarterly Annually Semi-Annually

Start Billing on: ___/___/____ **End billing when customer provides written cancellation.**

Credit Card Information (To be Completed by Customer)

We accept the following credit cards: **Visa, MasterCard, and American Express.**

Credit card type (circle one): American Express MasterCard Visa

Card number: _____ Exp. Date: ___/___/____ CV: _____
Month /Year

Cardholder's name (as shown on card): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Note: Please update your card information whenever there are changes made to your credit card or whenever you receive a new card from your credit card company.

Thank you very much.

Ami Laws, MD and Staff