



MAXEM HEALTH URGENT CARE MEDICAL DISCOUNT PROGRAM

P.O. Box 1248
Ocean Springs, MS 39566
Phone: 228-223-1927 Fax: 228-382-9224

AUTHORIZATION FOR CREDIT CARD PAYMENT

DATE: _____

CLINIC: _____

PATIENT NAME: _____

CARD HOLDER NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY NUMBER ON BACK OF CARD: _____

AMOUNT PAID: \$ _____

PAYMENT TAKEN BY: _____

I Authorize Maxem Health Urgent Care to deduct \$35 monthly from my bank account/Credit card given, after the initial 90 day membership period. I can cancel my membership by contacting Maxem Health Urgent Care at (228) 223-1927 within 15 days of withdrawal.

Signature

Date