Lafayette Heart and Vascular Clinic
433 La Neuville Rd, Youngsville, LA 70592 | Phone: (337) 516-2800 | Fax: (337) 516-2801 | Email: patient@lafayetteheart.com

Credit Card Authorization Form

Patient Information

Patient Name: _____

Date of Birth: _____ **Phone Number:** _____

Credit Card Information

Card Type: □ Visa □ Mastercard □ Discover □ American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ **CVV Code:** _____

Billing Address

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Authorization

Amount Authorized: $ _____ *(or amount confirmed by phone/email)*

NOTE: A 3% processing fee will be added to all credit card payments.

Cardholder Authorization: I authorize Lafayette Heart and Vascular Clinic, LLC to charge the above credit card for the amount indicated above or the amount confirmed via phone or email communication. I understand that this authorization will remain in effect until services are rendered and payment is processed. I certify that I am the cardholder or an authorized user of this credit card and that the information provided is accurate.

Important: By signing below, you acknowledge that: (1) You authorize the charge to your credit card for the specified amount; (2) The charge will be processed after confirmation of services and fees; (3) You will receive a receipt after the transaction is completed; (4) You may revoke this authorization by contacting our office prior to the charge being processed.

Cardholder Signature: _____ **Date:** _____

Print Name: _____

FOR OFFICE USE ONLY:

Service Date: ___/___/_____ Service Description: _____ Base Amount: $_____
Processing Fee (3%): $_____ Total Amount Charged: $_____ Payment Method: □ Visa □ MC □ Discover □ Amex
Transaction ID/Auth Code: _____ Approval Status: □ Approved □ Declined □ Pending
Processed By: _____ Date Processed: ___/___/_____ Time: _____ Receipt Provided: □ Yes □ No

This authorization form is valid for one-time use only. For recurring charges, a separate authorization is required.