



Brian Acacio, M.D.

BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

Credit Card Authorization Form

AFC BILLING ACCT#: _____

PATIENT NAME: _____

SERVICE: Cancellation Fee

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

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

Number _____ expires _____ in the
amount of \$ 75.00, as a cancellation fee, if not given 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: _____ (3-4 digits)

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 hour 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*.