

# Acacio

FERTILITY CENTER

*Pathway to Parenthood*

**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: Cancellation Fee

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 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 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.