Ontario Naturopathic Integrative Network
Connecting Care, Elevating Practice

Payment Authorization Form

Our office requires that a credit card be kept on file for payment of any consultation including virtual and in-person consultation. This form will be kept confidential and only authorized staff have access to the information.

Patient Information

Full Name: _____Date of Birth: _____

Phone Number: _____ Email Address: _____

Credit Card Information

Cardholder Name (as it appears on the card): _____

Credit Card Number: _____

Expiration Date (MM/YY): _____ CVV (3-digit code): _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Cancellation & Missed Appointment Policy

As a courtesy to our office and other patients, we require at least 2 full business days' notice for any appointment changes or cancellations**.** Late cancellations or missed appointments may be subject to a fee.

Authorization and Agreement

I acknowledge and authorize Ontario Naturopathic Integrative Network (ONIN) to charge the above credit card for any visit fees owed, including fees for missed appointments and late cancellations. I consent to receive billing statements, invoices, and receipts via the email address I have provided to this office.

I agree to promptly update this office with any changes to my credit card or billing information.

Signature: _____ Date: _____