



Deneen Natural Health - Dr. Shana Deneen  
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## Credit Card Authorization Form

\*\*\*IT IS POLICY OF THIS OFFICE TO KEEP DEBIT/CREDIT CARD ON FILE.  
YOU MAY PAY BY CASH OR CHECK, BUT CARD MUST STILL BE KEPT ON FILE\*\*\*

Name on Card: \_\_\_\_\_

I authorize Dr. Shana Deneen (Deneen Natural Health) to charge my credit/debit card for professional services as follows:

\_\_\_\_\_ All visits for which payment was not made at time of visit.

\_\_\_\_\_ To charge my card the regular session fee for each no-show or late cancellation (less than 24 hour noticed per informed consent and cancellation policy agreement.)

Type of card, Check one of the following:

\_\_\_\_\_ Visa

\_\_\_\_\_ Mastercard

\_\_\_\_\_ Discover

\_\_\_\_\_ AMEX

Credit card number: \_\_\_\_\_

CVV Number (on back of card): \_\_\_\_\_

Expiration Date (month / year): \_\_\_\_\_ / \_\_\_\_\_

Card Holders Billing Address:

\_\_\_\_\_

\_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_