

Membership Payment Options

Peninsula Doctor is a subscription service. Your membership starts the day that you join the practice, i.e. sign the agreement, or receive medical services. You have the option of paying once yearly or setting up monthly payments. Your membership will continue until you notify us otherwise. In the event that you decide to leave the practice, after the initial 3 months of being members of the practice, we require a one month's notice for cancellation. We will continue to provide services during this month.

Payment Schedule Options

- We offer monthly, quarterly or yearly payment schedules.
- We accept Credit Card** or ACH

**A 3% fee will automatically be added to all credit card transactions.

Patient Name(s)

_____	_____
_____	_____
_____	_____

Annual Fee _____

PAYMENT METHOD

- Pay by ACH Pay by Credit Card
(processing fee: VISA 3%)

PAYMENT SCHEDULE

- Pay Annually Pay Quarterly Pay Monthly

Credit Card Authorization Form

IF PAYING BY CREDIT CARD, PLEASE FILL OUT THE INFORMATION BELOW.

CREDIT CARD HOLDER'S NAME		

BILLING ADDRESS [IF DIFFERENT THAN AGREEMENT]		

CITY	STATE	ZIP CODE

Credit Card Info

VISA MasterCard AMEX

CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE
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I HEREBY AUTHORIZE THE OFFICE OF PENINSULA DOCTOR TO CHARGE
THIS CREDIT CARD FOR PRACTICE MEMBERSHIP FEES

PATIENT SIGNATURE

DATE

ACH Authorization Form

IF PAYING BY ACH DIRECT DEPOSIT, PLEASE FILL OUT THE INFORMATION BELOW.

NAME ON ACCOUNT	
BANK ACCOUNT NUMBER	BANK ROUTING NUMBER

I (Full Name) _____ authorize Peninsula Doctor to electronically debit my account and, if necessary, electronically credit my account to correct erroneous debits. I understand that this authorization will remain in effect until I (we) notify Peninsula Doctor in writing, that I (we) wish to revoke this authorization.

I understand that Peninsula Doctor requires a one month's notice in order to cancel this authorization.

If the payment is rejected due to non-sufficient Funds (NSF), I understand that Peninsula Doctor may attempt to process the transaction again within 10 days and I agree to an additional \$30 NSF rejection fee charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

I HEREBY AUTHORIZE THE OFFICE OF PENINSULA DOCTOR TO ELECTRONICALLY DEBIT
MY ACCOUNT FOR PRACTICE MEMBERSHIP FEES.

PATIENT SIGNATURE

DATE