



# PAYMENT AUTHORIZATION FORM

[www.nncip.com](http://www.nncip.com) Office: 1-800-846-6560 Fax: 1-866-424-5159 [inquiry@nncip.com](mailto:inquiry@nncip.com)

To: **NNCIP, LLC**

Fax (toll free) to: **1-866-424-5159**

From (Patient Name): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION SECTION

Credit Card Type: (check only one) -VISA -MASTERCARD -DISCOVER

Credit Card Number:

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Exp. Date: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_ (3 or 4 digit number on back of card)

Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

I approve and authorize NNCIP to charge my credit card the day of or 1-2 days prior to each scheduled appointment. If the doctor does not continue my treatment all charges less the consultation fee may be fully refunded upon written request and upon review of circumstances concerning the discontinued treatment.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Main Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

## PHARMACY AUTHORIZATION SECTION

Patient Initials here: \_\_\_\_\_ I further approve and hereby authorize NNCIP to forward this form and provide my payment information to the pharmacy of my choosing. I understand that this is at my request and for my convenience. I understand that if I do not initial above, that I may be required to provide the pharmacy with my payment information each time I require service. I hereby release NNCIP from any liability should my payment information be compromised by the pharmacy.

## Checklist (please complete all items)

- Online Registration Complete: [www.nncip.com](http://www.nncip.com) click on: **register online now**
- Fax Current Photo ID (Please be sure that the copy is clear, enlarge and lighten if necessary)
- Fax Recent Medical Records (at least one record must be dated within the last 12 months)
- Fax HIPAA Patient Release Form (print from website and fax with medical records)
- Fax this Payment Authorization Form (fax with medical records)
- Initial PHARMACY AUTHORIZATION section (as required for your convenience)