

Family Care Plus Clinic
3919 N. Fry Rd.
Katy, Texas 77449
(281) 646-2273
Fax: (281) 849-6816

Credit Card Payment Authorization:

Dear patients:

If you would like to pay your bill using your credit card, please fill out this form and return it to our office by fax or mail. We hope that you find this to be convenient.

Sincerely,

The Billing Department

I authorize Family Care Plus Clinic to charge the credit card indicated below:

Signature: _____ Date: _____

Name as it appears on the card: _____

Type of Card: MC Visa American Express Discover

Card Number: _____

Expiration Date: _____

Cardholders billing address: _____

Total amount to be charged: _____