

Personal Choice HealthCare PC makes it easy for its customers to pay their bill by credit card. This form will allow us to charge your credit card each month for the amount of your bill. To use Personal Choice HealthCare PC's automatic credit card deduction plan, mail or fax this form to:

Personal Choice HealthCare PC ATTN: Credit Department 7210 Oak Ridge Highway, Knoxville, TN 37931
FAX: (865) 694-0794

Account Name _____

Address Suite / Apartment # _____

City _____ State _____ Zip Code _____

We accept all cards with the following brands



Payment Authorization

I accept the Terms and Conditions Please review and accept the Terms and Conditions below.

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

Account Number: _____

Expiration Date: _____

Card Security Code * _____

Signature _____

Printed Name: _____

Terms and Conditions *

By paying your Personal Choice HealthCare PC bill by way of this billing authorization, you are authorizing Personal Choice HealthCare PC to charge your credit card each month for the amount of your bill. The terms and conditions of your Customer Agreement apply to the billing authorization form and are incorporated by reference here. Currently Personal Choice HealthCare PC offers this service to you free of charge, however your bank may charge a fee.

Why are we asking for your Card Verification Number?

For your security and protection. The Card Verification number is printed on your card, but is not embossed so it does not appear on receipts, making it difficult for anyone other than the cardholder to know the code.

For VISA/MasterCards/Discover cards



Card Verification Number

Personal Choice HealthCare PC