BURNS INTEGRATIVE WELLNESS CENTER

Burns Integrative Wellness Center

34406 N. 27th Drive Suite 114
Phoenix AZ 85085

Office: 623-252-0376
Fax: 623-399-1059

Tele-Medicine Credit Card Authorization

Informed Consent

This document is for the sole purpose of billing the above listed patient for medical services provided by Dr. Jennifer Burns and Burns Integrative Wellness Center. All transactions posted to the credit card used are authorized and valid. Cancellation and discontinuation of services must be submitted in writing at least 48 hours in advance of any further tele-medicine or related charges.

Submit All Cancellation Requests To:

Burns Integrative Wellness Center
34406 N 27th Dr STE 114
Phoenix, AZ 85085
Phone: (623) 252-0376
Fax: (623) 399-1059
Email: burnswellnesscenter@gmail.com

Credit Card Information

Card Holder's Name:_____

Card number:_____ Exp (mm/yy):_____ CVV:_____

Billing Zip Code:_____

Card Holder's Signature:_____ Date:_____

Cancellation Policy

To better serve our patients, we require 24-hour notice if an appointment is to be canceled or rescheduled. This will ensure maximum availability to all patients who need to see us.

If you do not provide us 24 hours advance notice of cancellation you will be responsible for the entire payment of the office visit.