

Traveler's Authorization Form

Patient Name: _____

*I authorize Doctors Making Housecalls to provide medical services.
I agree to pay for services provided, and authorize the charge of the credit card listed below.*

Medical Services Fees:



Weekdays: 8:00 am – 5:00 pm, **\$495.00**



Weekdays: 5:30 pm – 7:30 am, **\$795.00**



Weekends: **\$795.00**

**Please note that the fees listed above include a private visit fee and a medical consult fee.
They do not include medications, diagnostic testing, or other fees for recommended services.*

Insurance (if applicable):

Insurance Provider: _____

Policy Number: _____

** Visit and consult fees are due at the time of service. Doctors Making Housecalls will bill any insurance after the visit.
Any fees paid by insurance will be reimbursed to the patient.*

Date

Signature of Patient or Patient's Legal Guardian; Please Also Print Name

Credit Card Information:

Name on Card: _____

Card Type: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Phone Number: _____

Cardholder Signature: _____

