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Advanced Allergy, Immunology & Asthma requires a deposit for holding new patient appointment time slots. This deposit will be applied towards your initial visit. (Credit card info is kept very safe and confidential).

If you are not sure you are going to be able to keep your new patient appointment, please do **NOT** schedule at this time.

New PANDAS Families Fee: \$500.00

New Lyme Fee: \$250.00

Appointment Date/Time: \_\_\_\_\_

Appointment Type: \_\_\_\_\_

Patient Name(s) \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

C.C. Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ V Code \_\_\_\_\_

*PLEASE NOTE: By booking a new patient appointment time, you are hereby agreeing to forfeit your deposit if the appointment is not kept for any reason. By signing above I authorize A.A.A.I to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.*

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_