

Consent to Charge Credit/Debit Card

Authorization for Credit Card Use

I authorize U.S. Televero Health, P.A., to retain my credit card information on file and use the credit/debit card information that I have provided to cover payments related to care with Televero Health. These charges include but are not limited to; Out of Pocket cost, Co-pay, Co-insurance, Deductible, Late-Cancel/No-Show fee's, Self-pay costs, etc.

By consenting to, digitally signing and submitting the patient registration form (“Patient Registration Form”) on the televerohealth.com website, I attest that I (1) have personally reviewed and accept all terms and conditions herein on this Consent to Charge Credit/Debit Card (or had it explained to me) for U.S. Televero Health, P.A. and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to telemedicine visits shared with me in a language I understand; and (3) am located in the state of Texas and will be in Texas during my telemedicine visit(s). I understand that I am entitled to receive a copy of this document.