Brett Yamane MD, PLLC
1817 Queen Anne Ave N, Suite 406
Seattle, WA 98109
Ph (206) 755-8899

Credit Card Consent

Credit Card Information
Our office accepts credit and debit cards. Only billed services from our office will be charged to your card. Please notify us if changes occur to any of your card information that is provided with this consent.

Your credit card information is uploaded into a secured electronic vault that is embedded within our electronic medical record (EMR) system.

To utilize this service, please initial the following and sign below:

___ I authorize Brett Yamane MD, PLLC to charge my card for my sessions as they occur (for co-pays/deductibles, out of network services) and at the end of the month for any outstanding balances. For co-insurance an initial, one-time charge of $0.01 will be placed at intake to store my card information.

Yes/No I want a receipt emailed to me: _____
E-mail Address

I understand that my card will be run for any late/no-show fees and NSF (non-sufficient funds) bank charges at the time they are accrued. I understand that should any charges be disputed in the future, Brett Yamane MD, PLLC will disclose information regarding my attendance and/or cancellation of appointments to my credit card company to resolve the dispute.

Signature Date

Printed Name

Debit/Credit Card Information:
Visa or MC

Credit Card Number Exp Date

3 Digit Code Zip Code

____ I prefer to give this information at my appointment or over the phone. (please sign and date above; omit credit card info)