

Total Health Chiropractic & Acupuncture
Dr. Michelle Roseberry

FSA / HSA Authorization Form

I, _____, authorize Total Health Chiropractic, Dr. Michelle Roseberry, to save my FSA/HSA account information on file for the purpose of purchasing nutritional support, paying for office visits, phone consults, etc.

Card information:

Account Number: _____

Expiration Date: _____

CID: _____

Signature: _____

Date: _____

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