

LORIA MEDICAL PLLC

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Rev 02-14-18

Credit/Debit Card Authorization Form

One Time Deposit **Recurrent Credit/Debit Card Payment**

Complete, Sign, Date, and **Fax (or Scan and Email)** this form to **LORIA MEDICAL** (Fax # and Email address listed above). This form will authorize **LORIA MEDICAL** to make a one time and/or recurrent debit(s) to your credit/Debit card listed below.

By signing this form, you give us permission to debit your account for the amount on or after the indicated date. This is permission for a single and/or recurrent transaction(s) only, and does not provide authorization for any additional unrelated debits or credits to your account unless authorized by you.

Please complete the information below:

I _____ authorize **LORIA MEDICAL** to charge my credit/Debit card for a
(Full name)

One-time Deposit amount of \$ _____ on this date _____, and the recurrent Credit/Debit
 weekly **Bi-weekly** payments in the amount of \$ _____ starting on this date _____.

The Total Payments to collect, which includes the Deposit and all recurring payments, will be \$ _____.

The Total Payment includes a **\$500 Administrative fee.**

Billing Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Email** _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Credit/Debit card Number _____

Expiration Date _____

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ **Date** _____

I authorized the above-named business to charge the credit/Debit card indicated in this Authorization form to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time and/or recurrent use only. I certify that I am an authorized user of this credit/Debit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicate in this form.

IF A DISPUTE ARISES REGARDING PAYMENT AND YOUR MEDICAL RECORD INFORMATION NEEDS TO BE DISCLOSED, YOU WAIVE YOUR RIGHTS TO CURRENT HIPPA LAWS GOVERNING PRIVACY OF YOUR MEDICAL RECORDS. SO, IF A DISPUTE WERE TO ARISE, YOU WILL AUTHORIZE LORIA MEDICAL TO PROVIDE THE NECESSARY INFORMATION EVEN IF IT INCLUDES YOUR MEDICAL RECORDS.

Penile Shaft Enlargement - \$5400

- This treatment includes enlarging the penile shaft. Average girth gain for the first treatment ranges from $\frac{3}{4}$ to $1\frac{1}{4}$ inches, second treatment $\frac{3}{4}$ to 1-inch, and third treatment $\frac{1}{2}$ - $\frac{3}{4}$ inches. These are conservative estimates.

Penile Glans Enlargement - \$2500

- This treatment includes enlarging the penile glans (or head of penis). Average girth gain for the first treatment ranges from 8-12%, second treatment 7-10%, and third treatment 5-8%. These are conservative estimates.

Scrotal Enlargement - \$6400

- This treatment includes enlarging the scrotal skin. Average girth gain for the first treatment ranges from 50% (by volume), second treatment 35%, and third treatment 25. These are conservative estimates.

Supplemental Treatments - \$4400

- Supplemental treatments are for those who either feel that a full treatment may exceed their expectations, or some minor adjustment in shape is needed.

Touch-Ups - \$3400

- Touch-up treatments are for those who have a minor area of imbalance

Scrotal Webbing Reduction - \$6400

- Scrotal webbing is when one has excess scrotal skin hanging from the penis. The descriptive analogy given to is 'turkey neck' of the penis (instead of the 'turkey neck' look of hanging skin in the chin-neck area). Trimming or removing some of this scrotal skin can give the appearance of a longer penis.

Circumcision - \$2500

- Circumcision, or removal of the penile foreskin, is highly recommended prior to a Penile Shaft Enlargement procedure. If one were to keep his foreskin, healing, after having a Penile Shaft Enlargement treatment, will be more difficult and delayed. In addition, the patient may need to have a circumcision after a penile shaft treatment because the filler material may enter into the foreskin and cause functional problems with the glans emerging out of a potential 'thickened' foreskin. The patient must be willing, prior to committing to an enlargement treatment, to have a circumcision if the need were to arise.

Frenulum Removal - \$1500

- the removal of the small fold of skin under glans. Especially useful in cases where the frenulum is too short, causing retraction, downward curvatures of the glans, pain in the erect state and tears during the penetration.

Combination Treatment Fees:

- Penile Shaft & Glans Combined (Same Day) Treatment Special fee: Penile Shaft \$5,400, Penile Glans 'add-on fee' \$1200.... or \$6600
- Two Procedure Special: Two Treatments for \$9,500 (**cannot be financed with In-House Financing**)
- Three Procedure Special: Three Treatments for \$13,495 (**cannot be financed with In-House Financing**)
- Four Procedure Special: Four Treatments for \$16,995 (**cannot be financed with In-House Financing**)

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I have attached a copy of the Credit/Debit Card Authorization Form for you to fill out and return either by fax or email.

Below is additional information and all items needed to process your In-House financing request:

- Credit/Debit Card Authorization Form *(please email or fax)*
- Copy of ID (Driver's License) and Copy of Credit/Debit Card front and back *(Please email or fax)*
- Down payment of \$4000 for Shaft procedure *(payable by Credit/Debit Card, Check, Money Order, Cash, or Money Wire)*
- Down payment of \$4500 for Shaft and Glans procedure *(payable by Credit/Debit Card, Check, Money Order, Cash, or Money Wire)*
- 30-Day wait time from down payment to schedule procedure
- \$75 weekly payments or \$150 biweekly payments
- An additional Admin fee of \$500 will apply

If you need help understanding the terms and agreements, or have any questions please email me or call the office directly.