

Credit Card Payment Form

If you have ever checked into a hotel or rented a car, you know the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the company, since it makes checkout easier, faster, and more efficient.

We have implemented a similar policy. You will be asked for a credit card number at the time you check in and the information will be held securely until your insurances have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed to you.

This will be an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody by helping keep the cost of healthcare down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-payments due at the time of the visit will, of course, still be due at the time of the visit.

If you have any questions about this payment method, do not hesitate to ask us.

AUTHORIZATION FOR CREDIT CARD BILLING

I hereby authorize the physician(s) to charge any balance due to my credit card listed below.

Credit card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____

Circle Card Type: MASTERCARD VISA DISCOVER

Print Name: _____
(as it appears on card)

Signature: _____

Date: _____ / _____ / _____