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## Credit Card on File Agreement

We have implemented a policy, which enables you to maintain your credit card information on file in our office. You will be asked for a credit card number at the time you check in. This information will be securely held until your insurance provider has paid their portion of your bill and notified us of the amount that is your responsibility. At that time, any balance, which you owe, will be charged to your credit card, and a copy of the charge will be mailed to you.

This will eliminate our need to mail you a statement and eliminate your need to mail us a check for payment. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays are still due at the time of your visit.

I authorize Pima Dermatology to charge outstanding balances on my account to the following credit card:           **Visa**                   **MasterCard**                   **Discover**

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Last 3 digits of Security Code (back of card) \_\_\_\_\_

Name on card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_