

PIMA DERMATOLOGY, PC

5150 E. Glenn Street | Tucson, AZ 85712

520.795.7729 | www.pimaderm.com

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 American Express

Patient Name: _____
(First Name, Last Name)

Account Number _____

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

Name on Card (please print) _____

Signature _____ Date _____

If you wish to leave this Credit Card on file for other patient(s), please print name(s) below:

Patient Name: _____
(First Name, Last Name)

Patient Name: _____
(First Name, Last Name)

Patient Name: _____
(First Name, Last Name)

Patient Name: _____
(First Name, Last Name)