PiMA DERMATOLOGY

ADULT / PEDIATRIC / COSMETIC / LASER & SKIN SURGERY

Credit Card on File Agreement (optional)

We have implemented a policy which enables you to maintain your credit card information securely on file with Pima Dermatology, PC. In providing us with your credit card information, you are giving Pima Dermatology, PC permission to automatically charge your credit card on file [for the patient you have listed on this form] co-pay/s, outstanding balance/s, service/s and/or product/s.

Co-pays*:* Co-pays are due at time of the office visit.

Outstanding Balance: If your insurance provider has paid their portion of your bill [or any other patient(s) you have listed on this form] and there is still an outstanding balance owed, Pima Dermatology, PC will notify you via phone and/or mail. If by the final billing notice from Pima Dermatology, PC, we do not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Payment Arrangement: If your account has an outstanding balance and you have a current formal payment arrangement on file, your credit card will be processed for the agreed upon amount on the first business day of the month.

Services and Products: Self Pay services, Cosmetic fees, and Product fees are due at time of the office visit.

This card will only be authorized for the use of the credit card holder or any person(s) listed below by the credit card holder. **This agreement will expire on the expiration date listed below.** The card holder may also revoke this consent at any time in writing.

Visa ☐ **MasterCard** ☐ **Discover** ☐ **American Express** ☐

Credit Card Holder's Name: _____ DOB: ____ / ____ / _____

(*Please Print*)

Additional Patient Name(s) (if other than the cardholder) - *please print*:

_____ DOB: ____ / ____ / _____

_____ DOB: ____ / ____ / _____

_____ DOB: ____ / ____ / _____

_____ DOB: ____ / ____ / _____

Last Four Digits of Account Number: _____ **Expiration Date:** _____ / _____

☐ **Check this box if you do NOT authorize the use of this credit card for products.**

Credit Card Holder's Signature: _____ Date: _____

05/2018