



## Credit Card Payment Authorization Program

Dermatology Institute & Laser Center asks you to provide your insurance and credit card or debit card information at the time of service. After your insurance has processed the claim for your service, Dermatology Institute & Laser Center will apply any remaining balance to your credit/debit card. Your card will only be charged if there is a balance after the claim is processed and all appeal rights have been exhausted. By using the payment authorization program, you will not receive a balance due invoice for services.

- Dermatology Institute & Laser Center secures credit/debit card data.
- We will NOT place a hold or charge on your credit/debit card.
- Your card will not be charged until after your insurance claims have been processed. On average, it takes 30 to 45 days from date of service for insurance companies to process a claim.
- Your credit card information will not be used for any other purpose.

NOTE: Co-pays and deductibles are still due at the time of the visit.

### Please initial your preference and sign below.

\_\_\_ **OPTION 1** - STATEMENT - I would like a statement mailed to my home and understand that I will be charged interest / finance charges if balance is not paid in full within one month (30 days) after receiving statement.

\_\_\_ **OPTION 2** - CREDIT CARD - I would like to have any remaining balance paid by the card below.

#### Option 1 - Statement Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Option 2 - Credit Card Holder Information

Please check credit card type:

Visa

MasterCard

Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Security Code(back of card): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_