

AZ UROGYNECOLOGY & PELVIC HEALTH CENTER
CREDIT CARD AUTHORIZATION

To Our Patients:

Welcome to our practice. AZ UROGYNECOLOGY & PELVIC HEALTH CENTER continually strives to make our office as convenient and efficient as possibly for you, the patient. Therefore, we are offering you the following payment option.

We will request that a credit card be kept on file when you check in for your appointment. This information will be held in a secure place until your insurance company has paid their portion of the services provided and has notified us of any balance owed by you, the patient. At that time, the remaining balance will be charged to your card on file, on a date pre-selected by you. **Prior to charging your credit card, AZ Urogynecology & Pelvic Health Center will call you to confirm the charges.**

When you receive your EOB (explanation of benefits) from your insurance company, it will state the patient responsibility amount.

We can both benefit from this. You will not have to write and mail a check, while it will greatly reduce the need for our billing department to generate paper statements and mailings. Our combined efforts will help eliminate needless waste and help reduce the ever increasing costs of health care.

This will not compromise your ability to dispute a charge or question your insurance company's determination of payment.

As always, any and all co-pays are due and collected at the time of your visit. If you have any questions or concerns, please do not hesitate to ask to speak to our billing manager.

Thank you,

AZ UROGYNECOLOGY & PELVIC HEALTH CENTER

PLEASE CIRCLE ONE: VISA MASTERCARD DISCOVER

EXPIRATION DATE: _____

CARD HOLDERS NAME: _____

CARD NUMBER: _____

CARD HOLDERS SIGNATURE: _____

REQUESTED DATE OF CHARGE: _____

PATIENTS NAME PRINT: _____

PATIENTS SIGNATURE: _____

PATIENTS DOB: _____

TODAYS DATE: _____

I decline this option with the acknowledgment that if payment arrangements need to be made, this agreement can be readdressed at that time.

Print Name: _____ Signature: _____ Date: _____