

Due to the increase in high deductible/high co-insurance plans, it has become necessary for this office to retain a valid credit card. AFTER YOU EOB (EXPLANATION OF BENEFITS) is received from your insurance company, every effort will be made by our accounts receivable department to confirm that a balance is due. Once we have verified the balance, it will be charged to your credit card and a receipt will be mailed to you. Any errors will be promptly corrected and refunded to your card, though we will make every effort to avoid errors.

Please understand that from the time of your visit, payment often is not issued by your carrier for thirty days, after which we then have to send bills to you for the balance. Unfortunately our collection rate on the balances has been a problem for us, and has compromised the ability of the practice to continue to provide the level of service in which we take pride.

YOUR CREDIT CARD INFORMATION WILL BE STORED IN A LOCKED AREA AND WILL NOT BE SAVED ON OUR OFFICE COMPUTER SYSTEM.

Name as it appears on card: _____

Type of card: VISA/MC/DISCOVER/AMEX

CARD Number: _____ CVV _____ (Last 3 digits on back)

Expiration Date: _____

Billing Address of card: _____

Best phone number to reach you: _____

I AUTHORIZE MARK L. MEYER, MD, PLLC, TO BILL MY CARD FOR THE BALANCE DUE.

SIGNATURE: _____ DATE: _____

Refunds to cards will be issued if errors are discovered and confirmed: _____ (INITIALS)

UNFORTUNATELY BECAUSE OF THE HIGH OVERHEADS TO PROVIDE SERVICES AT THIS LOCATION, NO PATIENTS WILL BE SEEN WITHOUT THIS AUTHORIZATION.

We very much value our relationships with our patients, but must also address the very real costs of operating the practice.

Thank you