

CREDIT CARD AUTHORIZATION

Our office staff verifies your insurance benefits prior to each and every service we render for you. Our goal is to fully inform you of any costs for which you are responsible, so that payment is accomplished at the time of service for our mutual convenience.

Occasionally, your insurance company representatives may not give us complete and accurate information. This can result in an amount due from you after the service has been rendered. The mailing of billing statements is a costly process, and the task of sending in your payment is just one more chore you don't really need.

As a better alternative, we will place these amounts due on the credit card that you choose below. Again, our goal is to routinely complete all financial transactions at the time of service, so this should rarely be necessary.

Your credit card information is always totally secure with us. We will always notify you of any amounts we have placed on your card, and will immediately send you a receipt.

Please complete the information below:

Visa MasterCard Discover

Name: _____

Card #: _____

Expiration Date: _____

Zip Code: _____

I authorize Lisa L. Savage, M.D., P.A. to charge amounts due for services rendered to me.

Signature

Date