

PLEASE READ

MANDATORY:

KEEPING YOUR CREDIT CARD ON FILE FOR FUTURE COPAY PROCESSING AND UNPAID INSURANCE CLAIMS.

CARD INFO:

NAME (as it appears on card)

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

ZIP CODE: _____

There is no guarantee that your health insurance will pay for these services. As a courtesy, we bill your health insurance, but sometimes they deny claims and therefore you are responsible for payment at the time services are denied by health insurance.

Signature X _____

****NOTE****

PLEASE IGNORE ANY EOB'S THAT COME FROM YOUR INSURANCE, STATING YOU HAVE A "PATIENT PAYMENT RESPONSIBILITY AMOUNT." ANYTHING EXTRA YOU OWE WILL COME FROM US.