

Credit Card/ HSA Card Authorization form for billing co-pays,
deductibles, and account balances.

In order to make billing and payments easier for our patients and staff, we are requesting your credit card or HSA card number at time of check in. This information will be held securely in your chart until your insurances have paid their allowable portion and notified us of the amount due for your co-pay or deductible. At that time, any remaining balance will be charged to your card, and a copy of the charge will be mailed or emailed to you as preferred.

This will be advantageous to you since you will not have to write out and mail us a check. It will be advantageous to us as it will reduce the number of statements that we generate and send out. The combination will benefit all in helping keep the costs of health care down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays due at the time of the visit will, of course, still be due at the time of the visit.

Thank you for your cooperation.

I authorize Dr. Wayne Marley, dba Advanced Aesthetics: Skin, Vein & Laser, to charge outstanding balances on my account to the following:

credit card / HSA card VISA Mastercard Discover

Account # _____ Expiration date _____

3 digit authorization code _____

Name on card (please print) _____

Signature _____ Today's Date _____

Please circle your preference of how you wish the copy slip emailed or mailed to you?