

Credit Card Authorization Form 2018

Lori McAuliffe MD, PA

It is our 2018 policy to require all practice families to keep a credit card on file with us. Your payment is your contract with your insurance company and with us.

To ensure you only pay the amounts required by your insurance plan, we will be happy to charge your credit card when the exact amount is provided by your insurance company. This is also used for any applicable fees you have incurred.

Your credit card information will be kept confidential and secure. Charges to your credit card will only be made after the insurance company pays its portion.

Please complete the form below:

I authorize Lori McAuliffe, M.D., P.A. to charge the portion of my bill that is my responsibility to the following credit card:

Patient Name (Print): _____ Date: _____

Parent Signature: _____

Credit Card Type: VISA MasterCard AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Security Code: _____

Cardholder Signature: _____ (if different from Parent)

Billing Address: _____

Please let us know whether you require the following:

- Please provide a receipt anytime charges are applied
- Please call prior to charging my credit card

Phone number: _____