

The Dermatology and Skin Care Center of Birmingham, P.C.

To our Patients:

In our efforts to continuously improve our patient service and office efficiency, you will be asked for a credit card number at the time you check in. That information until your insurances have paid their portion and notified both you and us how much, if any, is your portion. At that time, any remaining balance owed by you will be charged to your credit card and it will be presented on your statement.

This will be an advantage to you, because you will no longer have to write out and mail us a check. It will be an advantage to us as well, because it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of health care down.

You can think of this as much like when you check into a hotel or rent a car; you are asked for a credit card which is imprinted and later used to pay your bill.

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

If you have any questions about this payment method, do not hesitate to ask.

Sincerely yours,

The Dermatology and Skin Care Center of Birmingham

I authorize The Dermatology and Skin Care Center of Birmingham to charge outstanding patient portion balances for me and the following individuals to the below credit card.

Individuals that this credit card can be used on:

_____	_____	_____	_____
Name	Relationship to card holder	Name	Relationship to card holder

_____	_____	_____	_____
Name	Relationship to card holder	Name	Relationship to card holder

Visa MasterCard American Express Discover

Account Number: _____

Expiration Date: _____ Signature code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Full name on card (please print): _____