

Basuk Medical Services, PLLC

CREDIT CARD AUTHORIZATION

Basuk Medical Services will file a claim with your insurance company for the services we provide. When claim processing is complete, your insurance company may determine that you owe additional money (e.g., co-insurance or deductible). Please complete the form below to authorize our use of your credit card account for the amount determined by your insurance. Copays are due at the time of the visit.

About security: For any of us to hold a credit card, we must at least trust the issuing card company to keep those accounts safe. That's why we have chosen Chase Paymentech, a subsidiary of JP Morgan Chase, issuer of millions of cards, to store this information; we believe their security procedures are as good as it gets. After entering your credit card information, we shred this form. When it is time to charge your account, they do it for us; we can never retrieve your account information. Your monthly statement will show BASUK MEDICAL SERVICES in the description of all transactions from this office.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. We ask that you continue to update, as necessary, your credit card information with us. If you have any questions about this payment method, please ask.

Patient Name: _____

Name on card (if not the patient): _____

(we do not accept Amex at this time)

Visa

MasterCard

Discover

Credit card number: _____

Expiration date: _____ CVC (3 digits): _____ Card billing ZipCode _____

Today's date: _____

Signature: _____

[Please hand your credit card to the receptionist to allow us to check for errors.]

Office use only: MRN: _____