

SANDRA MARGOLES MD

Credit Card Authorization

Covid-19 Policy dictates that our office should have touch free billing. We are limiting cash or check payments. To that end, we have revised our office financial policy. We will process appointment fees while you are in the office, and email the receipt to you. Effective immediately, all patients are required to provide an active credit card number which will be kept securely on file with our office. Your credit card will automatically be charged for the following:

- All office, filler and botox fees
- Annual insurance deductible
- Unpaid cost shares or co-insurances listed on your EOB (explanation of benefits)
- Copayments not paid within 48 hours after an office visit
- Unpaid past due balances

Patient

Name: _____

Visa

Mastercard

American Express

Expiration date: ___/___/___

CVV: _____

*3 digit number on the back of the card above

signature line for Visa/MC

*4 digit code on the front of the card for Amex

Please print the name as it appears on the card

I understand and will comply with this policy

Authorized

signature: _____ Date _____