

Credit Card Pre-Authorization

As a courtesy to you, our patients, we are happy to accept assignment of your insurance benefits and do the insurance work for you. We do ask that all patients who pay only their ESTIMATED co-pay and have us wait for their insurance payment to please leave a credit/debit card number on file with us. We will keep this card on file to cover any unpaid balances from your insurance that are \$99.00 OR LESS. If the balance should be more than \$99.00 we will contact your prior to charging the credit card. If you are unable to leave a credit card on file, then ask our financial coordinator for more details on other payment options.

- Yes, please keep this signature on file to cover any unpaid balance of \$99.00, or less, per claim after insurance payment for any treatment performed in this office for my entire family or myself. I understand that I will be contacted *only* if the balance is over \$99.00.

Circle one: Visa MasterCard Discover

Card number: _____

Expiration date: _____

CVV (3 digits on the back) _____

Cardholder signature: _____ Printed name: _____

Billing address: _____

- No, I DO NOT AUTHORIZE Dr. Buchwald to charge my credit card for small balances.

Patient signature: _____

Date: _____

*This optional pre-authorization policy was created in response to many patients who told us that they didn't want to be bothered with collection calls for small balances (under \$99.00); they preferred we simply apply their credit card on file for these small balances, without a call to them. Most patients find this service to be an efficient and convenient solution.