

CREDIT CARD ON FILE

At Tory Sullivan, M.D., P.A., we require keeping your credit or debit card on file as a convenient method of payment for the portion for services that your insurance does not cover, but for which you are liable as documented by your insurance explanation of benefits (EOB).

Your credit card information is kept confidential and secure in a PCI compliant system and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

I authorized Tory Sullivan, M.D., P.A. to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Amex _____ Visa _____ MasterCard _____ Discover _____

Credit Card Number _____

Expiration Date _____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ **State** _____ **Zip** _____

I, the undersigned, authorize and request Tory Sullivan, M.D., P.A., to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as patient responsibility or for services rendered if my insurance is not in place/active at the time of service.

This authorization relates to all payments not covered by my insurance company for services provided to me by Tory Sullivan, M.D., P.A.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to Tory Sullivan, M.D., P.A. in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____

Date: _____