

Credit Card Authorization (Credit Card on File)

If you choose not to pay directly after the services are provided, WE ASK THAT YOU KEEP A CREDIT/DEBIT/HSA CARD ON FILE to be used for any unpaid balances. Due to the high number of deductible plans, and higher patient coinsurance responsibilities, this has become necessary at our organization. Please keep in mind, we will not charge your card if you do not owe anything and we will refund your card if overcollection takes place or credit your account. Circumstances when your card would be charged include but are not limited to missed co-payments, deductibles and co-insurance, and non-covered services and/or denial of services. If the credit card we have on file for you changes, please notify us immediately by calling our office at (720) 381-2600. Once your credit card information is entered, it is encrypted with bank level security and cannot be viewed or accessed by our organization.

I authorize SkinMed Institute to charge my credit card above for agreed upon purchases, procedures, missed appointments, or services. I understand that my information will be saved to file for future transactions on my account. My information will be stored in bank level security using HintMD. This authorization will remain in effect until cancelled.

Date: _____

Print Name: _____

Signature: _____