

CREDIT CARD INFORMATION

Please add a credit card to your file to handle any copays, coinsurance, or deductibles that may be due after your insurance processes your claims.

***Please note, this information will be added to our encrypted payment system by a member of our Billing Team and immediately deleted thereafter as to ensure your information is secure from compromise.*

Your card will be charged \$.01 in order to save it to our system. This will be deducted from future payments.

Name On the card : _____

Credit Card No. _____

CVV: _____

Expiration Date: _____