

Credit Card Authorization Form

Florida Center for Infectious Diseases offers a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are liable. Your credit card information is kept confidential and secure payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion has been posted to your account, or in the event that valid insurance information was not provided at the time of service.

I, _____ authorize Florida Center for Infectious Diseases to capture my credit card information and securely store my credit card on file.

I authorize Florida Center for Infectious Diseases to charge my credit card on file for any balance owing on the below indicated account up to \$145.

I agree Florida Center for Infectious Diseases may charge my credit card on file for the balance due when they receive a copy of the EOB. This authorization relates to all balances not covered by my insurance company for services provided by Florida Center for Infectious Diseases. This could be amounts resulting from balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Florida Center for Infectious Diseases. Written notice must be submitted to Florida Center for Infectious Diseases, 13241 Bartram Park Boulevard Suite 1001 Jacksonville, FL 32258.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Patient Name: _____

Account Number/DOB: _____

Card Holder's Name (as shown on card): _____

Card Type (circle one):

Visa Mastercard Discover American Express

Card Number: _____

Expriation Date (MM/YY): _____

E-mail (for receipt purposes): _____

Card Holder Signature

Date