

LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD

Our healthcare system has gone through many changes. At Arizona Rheumatology Consultants, we are happy to submit claims to your insurance company and accept payment from those insurance companies. As your provider, we want to continue providing you with excellent care, but in order to do so, it is necessary to ensure reimbursement for our services. Please read the following.

I, _____, authorize Arizona Rheumatology Consultants to charge the following described credit card the amount equal to what my insurance states is my responsibility.

- I understand the amount shall not exceed the amount my insurance deems as my responsibility.
- I understand I will be sent an email/phone call informing me of the date of my visit, and the amount to be charged to my credit card before charging my card. A receipt will be sent upon request.
- I understand that this Credit Card Authorization will only be used in the event my insurance does not pay for any services provided by Arizona Rheumatology Consultants, PLC. This may include but is not limited to Deductibles, Co-Insurances, Co-Pays, No Show Appointments, Cancelled Appointments, Policy Cancellations, and Services not covered under my policy.
- I understand that if my credit card is declined and/or does not process the payment, an invoice will be mailed to me with a \$15 surcharge added to my balance.

Card Holder's Name on Card: _____ **Phone#** _____

Card Holder's Address: _____

Card Type: MasterCard Visa AMEX Discovery

Credit Card Number: _____ **Exp. Date** _____ **Security Code:** _____

Email Address: _____

I fully understand the above authorization and give Arizona Rheumatology Consultants, PLC. consent to charge my credit card listed above.

Signature: _____

Print Name: _____ **Date:** _____