

Credit Card on File Billing Authorization Form

Staten Island Medical and Behavioral PC is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include co-payments, co-insurance and annual deductibles. Your credit card information will be kept confidential and secure.

I authorize Staten Island Medical & Behavioral PC to store my credit card on file and charge it for any balance I owe as a patient, copayments, deductibles and out of network services.

In case if there is any change in my credit card information, I will promptly inform and update it for future use.

Name as on Credit Card: _____

Credit Card #: _____

Visa Master Card Discover American Express

CCV of credit card: _____

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

Expiration date (mm/yy): _____

Billing Zip Code: _____

Cardholder Signature: _____

Date: _____