Singh Medical Practice, PLLC
4104 W 15th Street, Ste 102
Plano, TX 75093
972-943-1916

CREDIT CARD INFORMATION AND PERMISSION TO CHARGE CARD

Please note that you are ultimately responsible for all fees incurred through our office. Occasionally, insurance companies misinform our office about patient benefits and we do our best to acquire the correct information as soon as possible. Our professional billing department is here to assist you with your insurance needs.

Your signature below acknowledges your total responsibility in paying for any fees not covered by your insurance company and gives Singh Medical Practice permission to charge your credit card for all co-pays, deductibles, test fees, late cancels or no-show fees associated for any procedure, diagnostic testing, evaluation and treatment or services provided to you. Your signature acknowledges that these fees will be automatically charged or debited, as applicable, from your card without further notice. If there are any questions, please contact our billing department.

Please circle one of the following and complete the form:

MASTERCARD AMERICAN EXPRESS VISA DISCOVER

Number of the Card: _____

Card's Expiration Date: _____ Security Code: _____

Name as It Appears on the Card:

_____

Signature: _____ Date: _____

Thank you for completing this form, and we appreciate the opportunity to assist you.