

PORT JEFFERSON DERMATOLOGY

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**DERMATOLOGY - ADULTS AND CHILDREN
DERMATOLOGIC SURGERY AND MOHS SURGERY**

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CREDIT CARD AUTHORIZATION

Why are we asking you for this information?

To all of our new and established patients:

If you have ever checked into a hotel or rented a car, you know that the first thing you are asked for is a credit card, which we willingly give and which is imprinted and later used to pay your bill. If no credit card is given, they usually require a substantial cash deposit.

This is an advantage to you and the hotel or rental company, since it makes checkout easier, faster and more efficient.

We have implemented a similar policy. You will be asked for a credit card at the time you check in, and the information will be held securely until your insurance company has paid their portion and notified us of the amount of your share of the claim. At that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge mailed to you. You will have also received an explanation of medical benefits from your insurance company and will have been made aware that there is a portion of the fee that is your responsibility, so the charge will not come as a surprise to you.

This will be an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly reduce the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of healthcare down.

This will not compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays, co-insurance and any deductible remain due at the time of your visit.

Healthcare is a personal relationship between a patient and a physician. While we don't believe healthcare is just like any other product, practices of insurance companies have made payment for healthcare like any other product or service.

We ask for your understanding with this policy.

| Circle One | Credit Card Number | Exp Date | Security Code | Billing ZIP |
|--|--------------------|----------|---------------|-------------|
| <input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Discover | | | | |

I, (print) _____, have read the above and understand that my credit card will be charged for any balances, which are the patient's responsibility determined by my insurance as well as any fees associated with the practice's cancellation policy. I, the undersigned, authorize Port Jefferson Dermatology to charge the credit card indicated on this authorization form according to the terms outlined above. I certify that I am an authorized user of this 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.

If you would like to be notified prior to your card being charged for any amount in EXCESS of one-hundred dollars, please initial here. _____(Initials)

Signature (required):_____ Date (required):_____