Mahoney Dermatology Specialists, P.A.
7995 66th Street North
Pinellas Park, Florida 33781
727-530-0920

Patient Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with Mahoney Dermatology Specialists. In providing us with your credit card information, you are giving Mahoney Dermatology Specialists permission to automatically charge your credit card on file for your co-pay [or any other patient(s) you have listed on this form] at time of service. By signing this you authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request.

Co-pays*:* Co-pays are due at time of the office visit.

Outstanding Balance: If your insurance provider has paid their portion of your bill [or any other patient(s) you have listed on this form] and there is an outstanding balance owed, Mahoney Dermatology Specialists will notify you via phone and/or email. If by the final billing notice, we do not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A copy of the charge will be sent by email or mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Multiple Users: This card will only be authorized for the use of the credit card holder, his/her minor(s), or any person(s) listed below.

I authorize Mahoney Dermatology Specialists, to charge co-pays and outstanding balances on my account to the following credit card:

Visa	**MasterCard**	**American Express**	**Discover**
☐	☐	☐	☐

Credit Card Holder's name _____

Credit Card#: _____

Expiration Date: _____ CVV:_____

If you wish to leave this credit card on file for other patient(s), please print name(s) below:

Patient Full Name: _____
(Please Print)

Patient Full Name: _____

Patient Full Name: _____

Email Address:_____ Date: _____

Patient Signature: _____