



**MAHONEY**  
DERMATOLOGY SPECIALISTS, P.A.  
7995 66<sup>TH</sup> St N, Pinellas Park, FL 33781

(727)530-0920

### **Patient Credit Card on File Agreement**

Beginning on March 1, 2025, our credit card on file policy enables you to maintain your credit card information securely and confidentially with Mahoney Dermatology Specialists, P.A. By signing this form you are giving Mahoney Dermatology Specialists, P.A. permission to automatically charge your credit card on file for the patient responsibility portion after your claim has been filed and processed by your insurance company. You will receive an email/text statement from us with the amount that will be charged to your credit card on file the following day. Your insurance company will provide you with your EOB (explanation of benefits) on your claim for your review. Should you have any questions regarding your claim please contact your insurance company immediately. I authorize Mahoney Dermatology Specialists, P.A., to charge any outstanding balance on my account to the credit card on file which will be **SWIPED and ENCRYPTED**.

**Printed Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_