



**CREDIT CARD ON FILE POLICY**

The purpose of this policy is to ensure all patients have a safe, convenient and efficient way to pay for their medical care. If you use our cosmetic services, you can also use the credit card on file to pay for these services as well.

**1. Use of Credit Card**

The credit card will be charged for medical service balances ONLY after your insurance carrier(s) have adjusted the allowed charges according to your plan and Allied Dermatology and Skin Surgery, LLC has verified your financial responsibility. We will charge your credit card for balances under \$300.00 any amount over \$300.00 we will contact you.

**2. Changes to Credit Card Information**

Patients are responsible for keeping their credit card information up to date. If the credit card on file expires or is lost, the patient must notify Allied Dermatology and Skin Surgery, LLC.

**3. Security**

Allied Dermatology and Skin Surgery, LLC takes the security of patient information very seriously. The credit card information on file will be stored in the same manner as your medical records and will not be shared with any third parties.

**Consent:**

By signing this policy, I agree to keep a credit card on file with Allied Dermatology and Skin Surgery, LLC. I consent to the credit card on file to be used to pay for any unpaid balances after insurance claims have paid.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB \_\_\_\_\_

Signature of Patient or Authorized Representative: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

Name on Card \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  Amex

CC #: \_\_\_\_\_ Exp: Date: \_\_\_\_\_ Security code: \_\_\_\_\_

**HSA (HEALTH SAVINGS PLAN) FOR MEDICAL ONLY**

Name on Card \_\_\_\_\_

CC #: \_\_\_\_\_ Exp: Date: \_\_\_\_\_ Security code: \_\_\_\_\_

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