

Alaska Center for Dermatology, P. C.

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Authorization to Charge Services to a Major Credit Card

(Optional Form)

I, _____, authorize the Alaska Center for
(Printed Name)

Dermatology to charge the credit card designated below for any unpaid balance remaining after all applicable insurance has been billed, or for any unpaid balance that falls into a 45 days past due category. *(Note: If we do not receive payment from your insurance company within forty-five days from the date of service, the balance becomes patient responsibility.)*

A receipt for any amount charged to this card will be mailed out immediately.

Please note last four digits of card below and present your card to the front desk.

Visa Mastercard American Express Discover

Last Four Digits

Cardholder Signature

Today's Date