



CREDIT CARD INFORMATION

We are asking you to provide a credit card for us to have on file. This information will be held securely in your medical records. After your insurance has paid their portion and notified us of your share, the balance will be applied to your credit card.

If your insurance requires you to meet an annual deductible before they pay, you will be billed for services rendered until you meet your deductible.

Please note that this will not compromise your ability to dispute a charge or your insurance company's payment.

**Please familiarize yourself with your insurance company's
current practices and procedures.**

PATIENT NAME: _____ **ACCT#** _____

NAME ON CARD _____

CARD TYPE: MASTERCARD ____ VISA ____ AMEX ____ DISCOVER ____

CARD NUMBER _____

EXPIRATION DATE: MONTH _____ YEAR _____

CVV (3-digit number on the back of Visa/MC, 4-digit on front of AMEX): _____

SIGNATURE _____

If you would like to opt-out of maintaining a credit card on file with Moore Foot & Ankle Specialists, PA, you understand that you are expected to pay your balance in full within 30-days of generated statement. Failure to pay your balance in a timely manner may result in your appointment being rescheduled.

Patient Signature: _____ Date: _____