

Scott Darling D.O., P.C.
Skin, Vein & Skin Surgery Center

To Our Patients,

We are asking for your credit card information in the event you have a balance after insurance has paid. At that time, any remaining balance owed by you will be charged to your credit card, and a statement of the charge will be mailed to you. Your information will be held securely in your chart.

This is an advantage to you since you will no longer have to write out and mail us checks. It is an advantage to us as well because it will greatly decrease the number of statements we have to generate and mail out. The combination will benefit everybody in helping to keep the cost of healthcare down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays due at the visit will still be paid at the time of service.

If you have any questions about this payment method, please do not hesitate to ask.

Sincerely,
Dr. Scott Darling D.O., P.C.
Skin, Vein & Skin Surgery Center

I authorize Skin, Vein & Skin Surgery Center to charge outstanding balances on my account to the following credit card:

Card Type: Visa Mastercard Discover Other: _____

Account number: _____ Expiration Date: _____

V-Code (3 digit code on signature panel) _____ Zip Code: _____

Name on card (please print) _____

Signature _____ Date _____