



Credit Card on File Agreement for Telederm

We have implemented a policy which enables you to maintain your credit card information securely on file with Pima Dermatology, PC. In providing us with your credit card information, you are giving Pima Dermatology, PC permission to automatically charge your credit card on file [for the patient(s) you have listed on this form] for the Telederm visit.

This card will only be authorized for the use of the credit card holder or any person(s) listed below by the credit card holder. **This agreement will expire on the expiration date listed below.** The card holder may also revoke this consent at any time in writing.

Self-Pay Telederm Services: The Telederm visit with a Pima Dermatology Provider is \$100. This amount will be charged to the credit card on file within 72 hours following the visit.

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Credit Card Holder's Name: _____		DOB: ____ / ____ / ____	
<i>(Please Print)</i>			
Additional Patient Name(s) (if other than the cardholder) - <i>please print:</i>			
_____		DOB: ____ / ____ / ____	
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_____		DOB: ____ / ____ / ____	
_____		DOB: ____ / ____ / ____	
Last Four Digits of Account Number: _____		Expiration Date: ____ / ____	

Credit Card Holder's Signature: _____ Date: _____