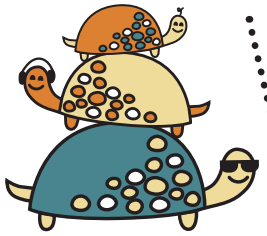

Burkhart
Pediatric &
Adolescent
Dermatology

(919) 476-1118 | (855) 878-6037
135 Parkway Office Court - Suite 201
Cary, NC 27518
info@burkhartpediatricdermatology.com
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Credit Card Authorization Form

Burkhart Pediatric & Adolescent Dermatology, PLLC offers patients the option of keeping a credit card on file with us and authorizing us to use it toward payment of your co-payments, deductibles and charges for services that your plan does not cover.

If you have questions about the credit card authorization, please call us at (919) 476-1118.

I understand and authorize Burkhart Pediatric & Adolescent Dermatology, PLLC to charge co-payments, deductibles, charges for services not covered by insurance, or the entire amount (for uninsured patients) to the credit card below. Payment will be charged at the time services are rendered. I acknowledge that I have had an opportunity to ask questions about this process.

Credit Card Type: ◯ Mastercard ◯ Visa ◯ Discover ◯ Amex

Account Number: _____ Expiration Date: _____

Security Code on the back of the card: _____

Name on Card (please print): _____

Cardholder Signature: _____ Date: _____

If the above information on the cardholder is someone other than the patient, please provide the relationship to the patient and the billing address:

Relationship to Patient: _____

Billing Address: _____