

**Skin By Design Dermatology & Laser Center, P.A.
516 Lexington Ave. – San Antonio, Texas 78215**

Effective 01/2006

FORM MUST BE COMPLETED OR A \$35.00 DEPOSIT IS REQUIRED WITH EACH VISIT

To Our Patients,

In order to improve office efficiency, we will no longer send bills for balances not paid by your insurance company. Your insurance company should be mailing you directly the explanation of benefits.

We now require a credit card to guarantee payment of any outstanding balances. This will greatly improve office efficiency in that we will no longer have to generate and mail a bill, and you will no longer have to write and mail a check. A similar payment method is used to check into a hotel or rent a car.

Your credit card information will be held securely until your insurance has paid their portion. At that time, any remaining balance owed by you will be charged to your credit card. A copy of the charge will be mailed to you.

This will not compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays and deductibles will still be due at the time of your visit.

A notification of balance will be mailed to your address and in 3 business days the amount will automatically be charged to the credit card listed below.

If you have any questions about this payment method, do not hesitate to ask me or the office manager.

Sincerely,
Allison J. Stocker, M.D.,P.A.

I authorize Allison J. Stocker, M.D.,P.A. to charge outstanding balances on my account to the following credit card:

Visa Mastercard Discover Debit card

Account #: _____ **Expiration date:** _____

On reverse indicate the 3 digit code: _____ **Your billing zip code:** _____

Name on card (Please print) _____

Signature: _____ **Date** _____

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When paying by check: When you provide a check as payment, you authorize us to use the information from your check to withdraw the amount from your account or to process the payment as a check transaction. Information from your check will be made available for the withdrawal, funds may be withdrawn from your account as soon as the same day you make payment.

I understand that in the event that my check payment is returned for insufficient funds, I expressly authorize my account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. By using my check I acknowledge and accept this policy and it's terms and conditions of checXchange.

Signature: _____