



CREDIT CARD ON FILE POLICY

At Charlotte Skin & Laser, we require keeping your credit, debit or HSA card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable.

Your credit card information is kept confidential and secure and payments to your card are processed **only** after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account. A PDF receipt will be emailed for your records after payment has been processed.

I authorize Charlotte Skin & Laser to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Authorize Front Office Staff to swipe/dip credit card and save under my 'Payment Profile' **(Please hand card to front-office staff for encryption of card in our system)**

Provide details of credit/debit card or HSA card below:

Amex

Visa

Mastercard

HSA

Credit Card Number: _____

Expiration Date: _____ / _____ / _____

CVC: _____

Billing Zip Code: _____

Cardholder's Name: _____

I (We), the undersigned, authorize and request Charlotte Skin & Laser to charge my credit card, indicated above, for the balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Charlotte Skin & Laser.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to Charlotte Skin & Laser in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ **Date:** _____ / _____ / _____