

Heart, Vascular & Vein of Tampa Bay
Consultative, Diagnostic & Interventional Cardiac, Vascular & Venous Disease

We understand that convenience is not often associated with today's healthcare environment. Our practice not only focuses on excellent healthcare service but also how to provide service as cost and time effectively as possible. We have found that collecting all known liability at the time of service is not only beneficial for the practice, but experience has proven that our patients appreciate knowing they will not have to worry about delayed billing or payments.

We provide secured methods of accepting your payment at the time of treatment and also for keeping your credit card on file to handle any remaining balance after insurance company reimbursement.

We will work with you in establishing a payment schedule if necessary using this credit card authorization form.

I (Guarantor Name) _____

Authorize Heart, Vascular & Vein of Tampa Bay, to keep my signature and credit card information on file and to charge my account for balances that remain unpaid sixty (60) days following the services not to exceed \$_____ per month.

I understand that provider is offering this as a courtesy and I may pay my balance in full at any time and cancel the agreement.

I am authorizing the use of this card of: _____

Patient Name: _____

Card Holder Name: _____

Card Holder Address: _____

Type of Credit Card: _____ # _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

OPTIONAL