



## Credit Card Authorization

**Melissa Guzman Winn, MD**  
**Christie Mileur, MD**  
**Yu-Han Virginia Hu, MD**  
**Angela DeSantis, DO**  
**Laura Downing, MD**

To our patients:

Our office staff verifies your insurance benefits prior to each and every service we render for you. Our goal is to fully inform you of any costs for which you are responsible, so that payment is accomplished at the time of service for our mutual convenience.

Occasionally, your insurance company representative may not give us complete and accurate information. This can result in an amount due from you after the service has been rendered. The mailing of billing statements is a costly process, and the task of sending in your payment is just one more chore you don't really need.

As a better alternative, we will place the amount(s) due on the credit card that you choose below. Again, our goal is to routinely complete all financial transactions at the time of service, so this should rarely be necessary.

Your credit card information is always totally secure with us. We will always notify you of any amounts we have placed on your credit card, and will immediately send you a receipt. If the amount is greater than \$200 we will give you a courtesy call to see if you would like to make other arrangements. If less than \$200, your credit card will automatically be charged.

This policy will benefit everyone in helping to keep the administrative cost of healthcare down as well as decrease the use of paper.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

If you have any questions about this payment method, do not hesitate to ask us.

Our office accepts Visa, MasterCard and Discover.

**Patient Name:** \_\_\_\_\_

**Name that appears on card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Billing zip code** \_\_\_\_\_

I authorize Austin ObGyn Associates to charge my credit card for any services that are rendered or that are not covered by my insurance policy. This authorization is good for one year.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date