

Big Apple Cardiology

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Credit Card Authorization

Purpose

I authorize Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology to keep my credit or debit card information securely on file for payment of patient responsibility balances related to services rendered.

Authorized Charges

I understand that this authorization allows the practice to charge my card for: (1) copayments, deductibles, and coinsurance not collected at the time of service; (2) balances remaining after insurance processing; and (3) applicable administrative fees such as missed appointment or late cancellation fees in accordance with the practice's financial policy.

Notification

The practice may notify me of outstanding balances before charging my card when feasible. I understand that a receipt for any processed charge may be provided electronically.

Security

My card information will be stored using secure payment processing systems and will not be used for any purpose other than payment of authorized medical service charges.

Consent Statement

By signing this form, I authorize Big Apple Cardiology to securely store my payment information and charge my card for authorized patient responsibility balances in accordance with the financial policy of the practice.

Electronic Patient Signature (captured digitally)

Timestamp Recorded Automatically