



8300 Health Park – Suite 207 – Raleigh – 27615
Phone (919) 573-9030 Fax (919) 573-9029

Credit Card Authorization

IN THE EVENT THAT THERE ARE CHARGES INCURRED AS A RESULT OF YOUR MEDICAL, SURGICAL, OR COSMETIC VISIT WITH US, INCLUDING CHARGES GENERATED BY YOUR INSURANCE CARRIER THAT ARE YOUR RESPONSIBILITY, THE DERMATOLOGY CENTER OF RALEIGH RESERVES THE RIGHT TO BILL THESE CHARGES TO YOUR CREDIT CARD ON FILE WITH US.

I UNDERSTAND THAT THE AMOUNT CHARGED TO MY CREDIT CARD WILL BE REFLECTED ON MY CREDIT CARD

(INITIALS)

STATEMENT WITHIN SEVEN DAYS THAT THE CHARGE IS MADE. THE AMOUNT CHARGED IS BASED ON SERVICES AND/OR PRODUCTS RENDERED. AS A COURTESY WE WILL MAIL YOU A STATEMENT OF THESE CHARGES AND THE RECEIPT OF THE CHARGES MADE

NAME OF CARD HOLDER

CREDIT CARD NUMBER

3 DIGIT SECURITY CODE (ON BACK OF CARD)

EXPIRATION DATE

BILLING ADDRESS FOR THE CARD
