



AUTHORIZATION TO RETAIN CREDIT CARD INFORMATION

California Skin Institute’s preauthorized payment process is a convenient payment method in which you have authorized CSI to automatically bill your account for co-payments, coinsurance amounts, deductibles, and charges otherwise not covered by your insurance. Credit cards are scanned once to capture data that will be encrypted and stored by a PCI Federally insured and accredited merchant services company. Upon each visit, staff will only be able to see the last 4-digits of your card left on file, and will verify if the credit card amount is active and current. Charges applied to your credit card will occur after the insurance portion of the claim has been paid and posted to your CSI account.

Patient Name

Patient Date of Birth

____/____/____

Card Holder’s Name

Cardholder Phone Number

I, _____ request and authorize California Skin Institute (CSI) to retain credit card information (credit card number, expiration date, security code, billing address for credit card), for the specific use of payments for medical services rendered by CSI providers and healthcare professionals. Charges to my credit card will be processed to pay the balance due on my CSI account for services rendered, or used to process reoccurring payments established with a payment plan. To cancel, I must provide a written notice to CSI, and the account must be in good standing.

I authorize California Skin Institute to charge the portion of my bill that is my financial responsibility.

Cardholder’s Signature

Date

____/____/____

TO BE COMPLETED BY CSI STAFF

Copy of Authorization to Patient/Credit Card Holder

By: _____

Date: ____/____/____