

Fraser Vaselakos & Associates, P.C.

12627 W. 143rd Street Homer Glen, Illinois 60491 708.645.0798

At Fraser Vaselakos & Associates, we require keeping your credit card, debit card or HSA card on file as a convenient method to facilitate the settlement of any balance that may be your responsibility (i.e. copays or deductibles) after we have settled with your health insurance carrier. Your credit card information is kept confidential and secure. Fraser Vaselakos & Associates is not required to contact you prior to charging the card on file. It is your responsibility to keep track of insurance payments and copayments due.

I (we), the undersigned, authorize and request that Fraser Vaselakos & Associates charge my card for balances due for services rendered that my insurance company identifies as my financial responsibility.

Cardholder Name _____

Credit Card Type: VISA Mastercard Discover

Credit Card Number _____

Expiration Date ____ / ____ **Security Code** _____

This authorization relates to all payments not covered by my insurance company for services provided by Fraser Vaselakos & Associates. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification in writing and the account must be in good standing.

Patient Name _____ **Date** _____

Authorized Signature _____