

BILLING AUTHORIZATION



Automatic Credit/Debit Card Payment:

In order to enroll in automated billing, please complete the Credit/Debit card Information section below and sign the form. Upon approval, your monthly payment will automatically be deducted from your account. Payments will be made directly through our secure link, which can be accessed through your electronic statement sent to your e-mail. Your statement will include the monthly fee plus incidental charges (such as lab fees, immunizations, and other non-included charges).

Patient Name(s) _____

Payment Information

I authorize Pine Ridge Family Medicine to automatically bill my monthly membership fee, plus any incidental charges to the card listed below as specified:

Amount: \$_____ to be deducted on the _____ of the month.

Credit/Debit Card Information

M/C VISA Discover _____
Card number

____/____ _____
Expiration CVV Card Holder's Name

Patient Signature **Date**

*I understand that if I choose **not** to have a credit/debit card on file, I will be responsible for paying all incidental charges (such as lab fees, immunizations, x-rays, prescriptions, and other non-included charges) at the time of service. Monthly fee will be due by the 1st of the month.*

Patient Signature Date