



**GEORGETOWN  
DERMATOLOGISTS, P.C.**

Michael S. Frank, MD  
Christopher J. Remishofsky, MD  
Jennifer Schaeff, PA-C, MMS

**CREDIT CARD BILLING AUTHORIZATION**

In a continued effort to increase efficiency and reduce healthcare costs, Georgetown Dermatologists, PC, requires a valid credit card to keep on file so that insurance co-payments and deductibles can be charged. All patients will be asked for a credit card at the time of check-in. Credit card information will be held securely in our billing system until your insurances have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you will be charged to your credit card and a copy of the charge will be mailed to you.

This agreement in no way will compromise your ability to dispute charges or question your insurance company's determination of payment.

Co-payments due at time of visit will still be collected at check-out.

If you have any questions about this payment method, do not hesitate to ask.

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I, \_\_\_\_\_, authorize Georgetown Dermatologists, PC, Michael S. Frank, MD, and/or Christopher J. Remishofsky, MD to automatically charge outstanding balances on my account to the following credit card:

HSA          VISA          MASTERCARD          AMERICAN EXPRESS          DISCOVER

ACCOUNT NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This agreement remains valid until it is terminated in writing by either party.*

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