

Kallgren Dermatology Clinic
3434 47th St. Suite 200 Boulder, CO 80301
303-444-8100

Office Credit Card Charges

As our patient, you have our commitment to provide you and your family with quality care and services. As your healthcare provider we need your commitment to provide prompt payment for our services.

As a courtesy to you we will bill your insurance company for the services rendered today. We request to hold your credit card information on file as a deposit for your service. Your card will be automatically charged only after your insurance company has processed your claim.

All charges that are not covered by insurance, including co-pays, deductibles and co-insurance will be charged to your credit card. Co-pays are due at the time of service.

Please contact our Billing/Collections representative with any questions at 303-444-8100.

I hereby authorize Kallgren Dermatology Clinic, PC to charge any outstanding balances to the following credit card or HSA/FSA card.

PATIENT NAME:

Visa Mastercard Discover Amex

Card

Number: _____

Expiration Date: _____ Security Code _____

Card Holder Name (PRINT)

Signature _____

Date: _____