DERMATOLOGY CENTER
STEAMBOAT SPRINGS

CARD ON FILE AUTHORIZATION

I agree to allow Dermatology Center of Steamboat Springs to charge my saved credit card for services provided by Dermatology Center of Steamboat Springs.

I acknowledge that:

- My credit card will be stored by Modernizing Medicine, a secure credit card processor that partners with Dermatology Center of Steamboat Springs to collect payments.
- I may cancel this agreement at any time by contacting Dermatology Center of Steamboat Springs at 970.871.4811 ext 2.
- I will contact Dermatology Center of Steamboat Springs if there are any changes to my credit card information to include, but not limited to, card expiration, lost/stolen cards, credit limit reached, card re-issue, or any additional reason that might affect proper processing of the card on file.
- I understand this authorization will remain in effect until the expiration of the credit card account.

DATE: _____

PATIENT NAME: _____

CARD HOLDER NAME: _____

CARD TYPE:

- MasterCard
- Visa
- Discover
- American Express

CREDIT CARD # _____

Expiration date _____ **CVV** _____

TRANSACTION TYPE: AUTHORIZATION

PATIENT DATE OF BIRTH: _____

CARDHOLDER SIGNATURE: _____