



2355 Dougherty Ferry Raod  
Ste 430  
St. Louis, Mo. 63122

Phone: 314-965-8410  
Fax: 314-965-8756

Dear Valued Patient,

After receiving an explanation of benefits from your insurance company we will apply any balance due that is deemed your responsibility automatically to your credit/debit card. We will first send you a statement for the balance due. If we do not receive a payment from you within 15 days or you have not contacted us to make a payment arrangement, we will call and inform you as to what your outstanding balance due is and inform you as to what day we will be charging your credit card.

Therefore, we will require that you provide us with that information below authorizing any future transactions.

If you chose not to sign this authorization, we will require any coinsurance that you are responsible for prior to surgery. Example: If your policy only pays at 80% and you are responsible for 20%, we will require that payment in full unless other arrangements are made up front. If you plan has a deductible, which you have not met, we **will not** collect that up-front as there are many factors that play into how the insurance company processes the claims.

If you are unsure of how your insurance policy works, we will be happy to inform you once we contact them about your benefits, so you are aware of any deductible or coinsurance you will be responsible for.

We apologize if this new policy causes you any inconvenience, but we have been forced to take this approach.

If you do not wish to be called prior to your card being charged. Please check the box below. You will promptly receive a receipt in the mail.

MasterCard    Visa    Discover    (circle one)

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

Card Number: \_\_\_\_\_

Three Digit security code: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Sincerely,

Darin M Minkin D.O