

**AUTHORIZATION TO CHARGE
SERVICES TO CREDIT
CARD OR DEBIT CARD**

I authorize LaGrange Women’s Health to charge to my credit card/debit card under the following circumstances:

1. For co-payments, deductibles, non covered services, medically unnecessary services and co insurance balances. The balance will be applied to the credit card listed below.

OR

2. If my insurance is with a company with which our physicians ARE NOT contracted, I understand that I am responsible for the entire amount at the time of service and that these charges will be automatically applied to the credit card listed below.

File out this form and we will keep it on file. This information will be kept strictly confidential.

Name as it appears on credit card _____
VISA _____ MASTERCARD _____ American Express _____
Credit card #: _____ EXP _____

SIGNATURE

DATE

Contact number _____ LWH ACCT# _____

Brandi Knox, our office manager, will contact you with the amount that will be charged to your credit card. If you have a HRA with your insurance company please let us know.