DR. RANA MUNNA
INTERNAL MEDICINE

PATIENT CREDIT CARD CONSENT FORM

To Our Patients:

Effective immediately, we are implementing a new policy. You will be asked for a credit card number at the bottom of this form and the information will be held securely until your insurances have paid their portion and notified us of the amount paid. Be sure and review your Explanation of Benefits from your insurances which will also tell you of any amount you may owe. At the time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed or can be emailed to you. This policy is in keeping with the same process that you experience when checking into a hotel.

The advantage of this new policy to you is you will no longer have to send us a check via mail. It will be an advantage to us as well since it will greatly decrease the number of statements that we have to generate, send out, and follow up on. The combination will benefit everyone in helping to keep the cost of health care down.

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

Of course, co pays will still be due at the time of the visit. If you have any questions about this payment method, do not hesitate to ask.

Sincerely,
Rana Munna, MD.

I authorize Rana Munna MD to charge outstanding balances on my account to the following credit card:

( ) VISA ( ) MASTERCARD

Card number: _____ Expiration Date: _____ CVV: _____

Name on Card (please print) _____

Signature: _____ Date: _____