**TRAVEL HEALTH AND INFECTIOUS DISEASE, LLC**

**CREDIT CARD AUTHORISATION**

I understand and agree that I am ultimately responsible for payment of ALL charges rendered by Travel Health and Infectious Diseases, LLC for medical treatment or services whether or not such charges are covered and paid (either fully or partially) by my insurance company.

If, after a claim has been submitted to my insurance carrier:

(1) the claim is denied as a non-covered service; OR,

(2) the charges are not paid (or only partially paid) by my insurance carrier;

Travel Health and Infectious Diseases, LLC has my permission to charge my credit card or debit card for

the entire amount owed for treatment and/or services provided to me or my dependent.

CARD: CREDIT / DEBIT (CIRCLE ONE)

VISA MasterCard AMEX (CIRCLE ONE)

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security code :\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Travel Health and Infectious Disease, LLC to charge my credit or debit card the full amount of all charges made for medical treatment and services provided The charge will be based on the medical treatment rendered to me (or, my dependent) and the usual and customary charges made by Travel Health and Infectious Disease, LLC for such treatment and service.

If payment is denied by my credit or debit card company, I will pay the entire amount within 30 (thirty) days.

I hereby guarantee payment of all charges for medical treatment and services provided to me (or my dependent) Travel Health and Infectious Disease, LLC and this authorization shall remain effective unless expressly revoked by me in writing, delivered to the offices of Travel Health and Infectious Disease, LLC, 395 Pleasant Valley Way, West Orange, NJ 07052

 revised 7/1/13