

Millennium Park Medical Associates, S.C.

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Healthcare Credit Card Authorization

The purpose of this form is to authorize Millennium Park Medical Associates to retain a valid credit card number on file for you as our patient. **Effective as of September 1, 2013 all patients must have a credit card on file.** This form will be kept confidential and only authorized staff will have access to the information.

I understand it is the policy of Millennium Park Medical Associates to secure my credit card information at the time of my visit.

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

- **The claim is denied as a non-covered service OR**
- **The charges are not paid (or only partially paid) by my insurance carrier**

Millennium Park Medical Associates has my permission to charge my credit or debit card for the **entire amount** owed for treatment and/or services provided to me or my dependent. You will receive a statement in the mail after the insurance company has responded to the claim. You have 30 days to make a payment toward the account or set up a payment plan for any larger balances. If no payment is made the credit card on file while being charged.

**If you leave the practice and are no longer a patient with Dr. Khan, the balance due will be charged immediately to your credit card on file.**

I understand that in the event that my insurance has made any payment on these charges, an immediate credit will be issues.

Name, as it appears on Credit/Debit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Visa/MC/Discover # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code \_\_\_\_\_

\_\_\_\_\_  
Patient Signature                      Date

\_\_\_\_\_  
Staff Signature                      Date