

Allergy & Asthma Center
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CREDIT CARD POLICY

At the Allergy and Asthma Center, we require keeping your credit card or debit card on file as a convenient method of payment for the portion of services that your insurance does not cover (or for self-pay patients), but for which you are liable.

For the balances that you may owe to the Allergy and Asthma Center, our billing service, Physicians Billing Services, Burke, VA, will send out two statements (separated by 30 days) to see if you can pay directly before running your credit card. If your credit card is not on file, then we will be sending you to the collections services if we do not receive payment at the end of the billing cycle for the two statements.

Your credit card information is kept confidential and secure, and payments to your card are processed only after two billing statements have been sent to you (based after the claim has been filed and processed by your insurer, and the insurance portion of the claim has been paid and posted to the account). I authorize the Allergy and Asthma Center to charge my balance (my financial responsibility) to the following credit or debit card:

Credit Card Number: _____

Type of Card: AmEx. Visa MasterCard Discover

Expiration Date: _____

CVV (three-digit code [or four-digit for Amex]): _____

Cardholder Name: _____

Signature: _____

Billing Address including zip code: _____

I, the undersigned, authorize and request the Allergy and Asthma Center, to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by the Allergy and Asthma Center.

This authorization will remain in effect until I cancel this authorization by giving a 60 day notification to the Allergy and Asthma Center in writing (and the account must be in good standing).

Patient Name (or Guardian if Patient is a Minor): _____

Patient Signature: _____

Date: _____