

## **Payment Policies of the offices of Reed S. Wilson, M.D., Inc. – Part II**

We are attempting to make your office visit finances as simple as possible. To do this we have implemented the following policies to smooth your visit.

We require your credit card number to have on file if you are the patient or person responsible for payment. In the event that any balance on your account has not been paid within 60 days after your visit, this credit card will be billed for the amount due. This will allow adequate time for us to submit the charges to your insurance company and receive payment. The signature below authorizes Reed S. Wilson, M.D., Inc. to charge the outstanding amount to the credit card.

I have read the above statements and any questions have been answered:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card: VISA/Mastercard (circle one)

Credit Card Number: \_\_\_\_\_

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