

2304 Wesvill Court, Suite 320
Raleigh, NC 27607
T 919-825-3902
F 919-825-3910



1303 Carthage Street
Sanford, NC 27330
T 919-292-2468
F 919-292-2167

Credit Card Authorization Form

To our Patients:

Check out with a credit card is easy and fast, as we're sure you know. It works for large balances and small ones, saving you the trouble of writing checks and decreasing the cost of mailing statements.

Spine & Pain Associates, PLLC offers patients who are covered by insurance plans the option of keeping a credit card on file with us and authorizing us to use it toward payment of your co-payments, deductibles and charges for services that your plan does not cover. If you do not have insurance, you can do the same thing.

If you have questions about the credit card authorization, please call us at 919-825-3902 (Raleigh) or 919-292-2468 (Sanford).

I understand and authorize Spine & Pain Associates, PLLC to charge co-payments, deductibles, charges for services not covered by insurance or the entire amount (for uninsured patients) to the credit card below. I acknowledge that I have had an opportunity to ask questions about this process.

Credit Card Type: Mastercard Visa Discover

Account Number: _____

Expiration Date: _____

Security Code on the back of the card: _____

Name on Card (please print): _____

Cardholder Signature: _____

Date: _____

If the above information on the cardholder is someone other than the patient, please provide the billing address:

Address: _____

City: _____ State: _____ Zip: _____