3840 Ed Drive, Suite 111
Raleigh, NC 27612
919-825-3902

1303 Carthage Street
Sanford, NC 27330
919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

www.spineandpainassociates.com • Fax 919-292-2167

959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

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: _____