

NORTHSHORE DERMATOLOGY CENTER, S.C.

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SECURE CREDIT CARD INFORMATION

We have implemented a policy requiring a credit card held on file.

This card can be charged for the following reasons:

- Visit payments due at the beginning or end of your visit (co-payments, product charges)
- No show or late cancellation fees
- Insurance discrepancies that are not resolved within 90 days of the date of service
- Outstanding balance due after insurance has made payment (includes primary and secondary insurance companies) and after 2 statements have been mailed to your address.

All receipts will be emailed to you after processing a payment.

Your credit card information is kept on file in our HIPPA compliant electronic practice management software. We will swipe your credit card with an encrypted reader that will securely upload your credit card number into the secure gateway and return the card to you. With the encrypted reader, we will never see all the numbers of your credit card.

By signing this form, I authorize Northshore Dermatology Center to keep and charge the credit card on file.

Patient Full Name _____

Patient Date of Birth _____

Patient/ Guardian Signature

Date

**925 Sherwood Dr.
Lake Bluff, IL 60044**

**3612 W. Lake Ave.
Suite 2B
Wilmette, IL 60091**

**1850 W. Winchester Rd.
Suite 106
Libertyville, IL 60048**