

## ABOUT EASY PAY

( This is optional )

Tired of writing checks for that endless pile of monthly bills? Try EASY PAY! Many of our current patients prefer EASY PAY because it is a quick paperless method that allows you to pay your bills in a more efficient and cost-efficient manner. We simply maintain your credit card number in your file. If your insurance company denies payment, payment is not received within the designated time period, or there is a residual balance after insurance pays, we will transfer your balance to the credit card on file. No more spending time and money writing that monthly check. Or if you prefer, leave your debit card number and we will electronically deduct your monthly payment on the date that you specify. ( If your balance is less than the monthly payment you specify, we will deduct only the amount of your balance.) If you feel EASY PAY isn't quite what you thought it would be, simply give us a call and we will return this form to you immediately; otherwise, by signing this form, you authorize EASY PAY for one year.

\_\_\_\_\_ I would like to enroll in EASY PAY. Please transfer the unpaid balance to my  
\_\_\_\_\_

\_\_\_\_\_ I would like to enroll in EASY PAY. Please electronically deduct my monthly payment of  
\_\_\_\_\_ on the \_\_\_\_\_ of each month. ( Can be divided into 3 payments)

\_\_\_\_\_ I would like to enroll in EASY PAY. Please call me first because I might want to send a check.

**\*\* A minimum \$50.00 payment is required for electronic deductions.**

Name of Card Holder	
Type Of Card	Please Circle: Debit    Credit Visa        Master Card    American Express
Card Number	
Expiration Date	
Card Holder's Signature	

