

Orthopedic & Sports Medicine Center

A Medical Clinic

Shaik M. Saheb, M.D., Inc

Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons

Dear Patients:

This notice is to inform you for our office policy regarding credit card authorization forms. We are requiring all patients to fill out a credit card form which authorizes Orthopedic and Sports medicine center to run any Delinquent balances on your credit card.

We are putting this policy to decrease our costs in collecting delinquent balances. It is very costly to send out numerous statements. The time spent tracking and making phone calls regarding these past due accounts continues to increase.

We realize some patients will be resistant to this policy. Please be aware that your credit card number is CONFIDENTIAL. After your insurance has paid your claim we will send you a statement with a due date of 30 days.

AS LONG AS YOUR BILL IS PAID WITHIN THE 30 DAY TIME FRAME, WE WILL NOT HAVE TO USE YOUR CREDIT CARD. Please note that no more than \$100.0 will ever be applied to your credit card per month.

Thank you in advance for your understanding. We are working hard to find ways to keep our health care costs as low as possible.

Sincerely,

Dr. Shaik M. Saheb

Credit Card Authorization

I authorize Orthopedic and Sports Medicine Center to charge my credit card in the amount that my account becomes delinquent or if my check is returned by the bank.

NAME OF CREDIT CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON THE CARD _____

SIGNATURE _____

DATE _____