



2436 S. I-35 E, Suite 346 Denton, TX 76205

(940) 380-0455 Office / (940) 382-3026 Fax

PAYMENT AUTHORIZATION FORM

Please provide the following in order for us to contact you with **important information** about your account.

Patient Name: _____

Responsible Party Information

Responsible Party Name: (if different than patient) _____

Email Address: (for confirmation/receipt) _____

Home Phone: _____ Mobile Phone: _____

Payment Authorization for Automatic Payment

Our financial policy requires patients to have a form of payment on file to satisfy any patient responsibility. If you have provided insurance coverage to us, we will bill your insurance company with the necessary information. The balance remaining after insurance has been applied is your responsibility, including insurance deductible amounts and copays. The credit card listed below will be charged for payment at time of service and if any balance remains after final insurance payment.

Provide Credit Card information: (Today's Charge: \$ _____)

CREDIT CARD	
Credit Card Number	<input type="text"/>
Expiration Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
CVV code (3/4 digits on back)	<input type="text"/> <input type="text"/> <input type="text"/>
Name as it appears on card	<input type="text"/>
Card Billing Address Information as it appears on the statement	
Street Address	<input type="text"/>
City, State, ZIP	<input type="text"/>

I authorize AER Inc., DBA Choice Medical Equipment to execute transactions on the above account. I consent to the use of the above payment method without my signature on the individual transactions in satisfying my obligations to AER Inc., DBA Choice Medical Equipment. I understand that a photocopy, scanned original or a fax of this agreement will serve as an original, and this payment authorization cannot be revoked unless done so in a 30 day written notice to the Provider.

Signature: _____ Date: _____

Level 3 verified through IQ and all matches good Card declined and voided in IQ

Needs to be voided in BT