



OPTIONAL CREDIT CARD ON FILE

As a convenience, the Sleep Disorders Center of Central Texas provides you with the option of maintaining a credit card on file for all transactions processed in the clinic. This number will be used to process copays for your visit, CPAP supplies, and coinsurance or copayments associated with your sleep studies. Unless otherwise directed, your card will be charged for the FULL AMOUNT DUE AT THE TIME OF SERVICE. Please be prepared to provide an optional form of payment should you choose not to use this service. Additionally, please be aware that visits and sleep studies will be rescheduled if payment is not submitted at the time of your visit or study. This information will be kept as part of your CONFIDENTIAL medical record on our secure server, and can be removed at any time you request.

Card Type: VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____ CV2 Code: _____

Name as it appears on card: _____

Would you like a receipt (choose one): mailed emailed to the address on file?

I have reviewed the above information and understand my card will be charged for any services provided by the Sleep Disorders Center of Central Texas. I understand I must provide another form of payment should I choose not to use the number on file.

Patient name

Patient Signature

Date