



CREDIT CARD AUTHORIZATION FORM

Patient Name: _____ Date: _____

I authorize the charge of \$_____ to my credit card for the product(s) I have received from Medequip, Inc.

If we are billing your insurance company we will wait a reasonable amount of time for payment. If it seems that your insurance company is delaying processing we might ask for your help in getting this claim paid. It will speed up the process of your claim, if you call the insurance after 30 days.

Please fill out the following information:

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ V-Code: _____

Billing Address of Card: _____

Signature: _____

After your insurance company has paid their portion, and there is still an outstanding balance, your signature will give us authorization to charge your credit card for the remaining balance with no further notice. We will then send out a statement showing your account paid in full.