



2909 Berlin Turnpike
Newington, CT 06111
(860) 436-3757 phone
(860) 436-9622 fax

CREDIT CARD/DEBIT CARD AUTHORIZATION

Premier Urgent Care submits claims to insurance carriers as a convenience to all our patients. At this time we request authorization to balance bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits from your insurance carrier, any unpaid portion of your claim, which is your responsibility, will be billed to your credit card or debit card. Should your insurance pay the amount in full, your account will not be charged.

All credit/debit card information will remain absolutely confidential and secure stored by First Date. Premier Urgent Care will not store any banking account information.

I hereby authorize Premier Urgent Care to obtain a pre-authorization for the following amount: \$250.00

I hereby authorize Premier Urgent Care to charge outstanding balances to my credit/debit card up to \$250.00, once my health insurance company has determined it is my (patient) responsibility. If there is additional outstanding balance beyond the maximum amount I understand I will receive a statement to close the bill. If there is no outstanding balance there will be no further statement issued.

Email address: _____

Cardholder's Authorization Signature

Date