

EAST GRANBY FAMILY PRACTICE, L.L.C.

Credit Card on File Authorization



13 Church Road
P.O. BOX 518
East Granby, CT 06026

Billing Dept: (860) 653-0006
Fax: (860) 653-5209

- EDWARD M EWALD, M.D.
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DANIEL LERNER, D.O.
NEENA PURSNANI, M.D.
MARYANN WEBSTER, A.P.R.N.
JEANNIE CRABTREE, A.P.R.N.
KATHERINE TAYLOR, A.P.R.N.
KERRI H. ANDERSON, A.P.R.N.
GRACE W. BROWN, A.P.R.N.
HAROLD WRIGHT, P.A.
MEGHAN KELLY, P.A.

Please complete this form if you would like East Granby Family Practice, LLC to keep your credit, debit or HSA card on file for future payments.

Patient name: _____

Information to be completed by the card holder:

Cardholder Name: _____

Card Number: _____

Card Type: MasterCard / Visa / Discover / American Express

Expiration Date: _____ / _____

Security Code: _____

I, _____ authorize East Granby Family Practice, LLC to charge the above card for payments owed for services rendered at their office. I agree to update any information regarding this account. The above information is complete and accurate to the best of my knowledge.

Amount authorized per month
(please circle)

All copays and deductibles

Up to \$100 / month

Up to \$200 / month

Other Up to amount (please be specific):\$_____ / month

If you select All copays and deductible, entire balance will be charged to your credit card, regardless of the total due.

If you select an up to amount, your card will be charged that amount each month.

Cardholder Signature _____

Date _____

A receipt will be emailed or mailed to your home address on file with our office, unless you decide to opt out.

() Initial here to opt out.

A typical office visit for sickness or followup will be billed to the insurance company at a charge of between \$85.00 and \$200.00, with the allowed amount less than that, depending on your insurance company. This does not include any additional tests performed, such as bloodwork, urinalysis, EKG, xray, etc. Those are additional expenses and will be billed as additional charges.