Vascular Institute of Southern Nevada
Kenneth J. Shah, M.D.

2465 W Horizon Ridge Parkway, Suite 100
Henderson, Nevada 89052

PHONE: 702-616-0500 **FAX: 702-616-0505**
www.drkenshah.com v.Nov 2019

CREDIT/DEBIT CARD AUTHORIZATION AND CONSENT INFORMATION FAQ

At our office, Vascular Institute of Southern Nevada, Kenneth J. Shah MD (Provider "VISION") we require keeping your credit or debit card on file as a convenient method of payment for the portion of service that your insurance does not cover, but for which you are liable. Without this authorization, a billing fee for $10 will be added to your account for any balances that we must attempt to collect through mailing monthly statements. Additional Collection Agency fees may apply for unpaid balances after 90 days. As a courtesy, our office will file a claim with your primary care insurance. Additional claim insurance billing may incur a filing fee.

Your credit card information is kept confidential and secure and payments to your card are processed for deductibles, co-payments, test deposits or unpaid balances (only after the claim has been filed and processed by your insurance company).

The VISION Payment Plan is available to patients who are not currently able to pay the full amount of their bill at once and have a credit or debit card. This plan is designed to give these patients an opportunity to pay off their balance every 30 days. On this plan, we require you to fill out the form below with your credit or debit card information. Every 30 days your card will be charged the arranged rate and an updated statement and receipt will be sent to you for your records. These 30 days give the patient an opportunity to prepare for the payment that will be charged to their card and this plan prevents your account from aging or forwarding to our Collection Agency.
If your credit or debit card is denied it will be considered a missed payment and your account will immediately be taken off our payment plan. This will cause your account to age and ultimately result in incurred fees and collection agency reporting.

Any questions may be directed by email to insurance@drkenshah.com or by calling our office Insurance Dept.

Front Copy of Card:

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CREDIT/DEBIT CARD AUTHORIZATION AND CONSENT FORM

Patient Name ____Date_________________

Name on Card if different ____

Billing Address for Card: ____Zip_________

Email Address for Card Holder: ____

I, the patient/card holder authorize and request "Vascular Institute of Southern Nevada, Kenneth J. Shah MD" (VISION, provider) to charge my credit/debit card for the portion of my bill that is my financial responsibility for professional services. *(since the payment amount may vary, I will receive notification of the amount and date of the charge*)

If I, the patient/card holder have questions about these charges, I agree to contact my provider Vascular Institute of Southern Nevada, Kenneth J. Shah MD. I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay all penalty fee(s) incurred by my provider.

This authorization will remain in effect for one year or until I cancel this authorization. To cancel, I must give a 30-day notification to Vascular Institute of Southern Nevada, Kenneth J. Shah MD in writing and the account must be in good standing. All charges are handled by the Insurance Department (insurance@drkenshah.com).

Additional authorizations:
Initial: _______ This visit only, for the amount of $ __________________.
_______ Monthly charge for $___________ until my current balance is paid in full.
☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

Credit Card Number ____Exp. Date: _________________
CVV Code (3 digit code reverse card or 4 digit front card): _________________

Cardholder Signature: ____ Date: ______________________
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FOR OFFICE (VISION) USE ONLY (email: insurance@drkenshah.com)
PATIENT ID: __________ AMOUNT: $__________ PROCESSING DATE: _____/______/_______
AUTHORIZATION #: _____________________TRANSACTION #: ______________________
TICKET/ INVOICE #: _____________ , _____________, ____________, _____________
NOTES: ____INITIALS: ______