SOUTHLAND UROLOGY

Adult and Pediatric Urology

301 W. Bastanchury Rd. Suite 180 Fullerton, CA 92835 16960 E. Bastanchury Rd. Suite F Yorba Linda, CA 92886

Day or Night Call: (714) 870-5970

Credit Card Authorization

Co-pays, co-insurance, deductible and any non-covered services are your responsibility. Our office staff works diligently prior, during, and after your appointment to obtain all information from your health insurance plan via all resources your health insurance makes available. However, your health plan's data may not be accurate or available at the time of your appointment therefore we require a valid credit card on file.

By your signature below, you authorize Southland Urology to charge the credit card you have listed below for all unpaid balances owed for medical or non-covered services rendered.

Please note: Your credit card data along with ALL information submitted to our office (or any other medical office) are **kept strictly confidential** as required by federal and state HIPAA laws. Your information including all financial data is entered into a highly secure electronic medical record (EMR) system and becomes part of your private health information (PHI). Our office uses Urochart EMR system which is a registered and approved system by both state and federal regulatory agencies.

Credit Card Type:			
□ Visa	☐ MasterCard	☐ American Express	☐ Discover
Name:			
Credit Card No:			Credit Card Security Code:
Expiration Date:			Billing Zip Code:
Billing address:			
As a courtesy, our billing staff will notify you via phone call if you have a balance when charging your card for the above expenses. In addition, you will receive detailed invoice with details of all charges in the mail to address on file. All remaining balance on your account are due at time of the notification and will be charged in full. Our office will reimburse any charges that may have accrued in error for any reason or if the charged balance is later paid by your health insurance.			
Sign:			Date: