



Paul S. Collins, MD
General Surgery
Vascular Surgery

Kevin L. Huguet, MD
General Surgery
Laparoscopic Surgery

Brett A. Almond, MD
Vascular Surgery

George Rossidis, MD
General Surgery
Minimally Invasive Surgery
Gastroesophageal Surgery
Bariatric Surgery

Bay Surgical Specialists Authorization for Credit Card

NOTE: We do not keep any credit card information on file, in our office, or on any computer we have. We use a secure payment processing service that is compliant with the Payment Card Industry (PCI) Data Security Standard (DSS). These are standards designed to ensure that all organizations that process, store or transmit credit card information maintain a secure environment.

AUTHORIZATION

Until further notice, I authorize Bay Surgical Specialists to charge the patient-responsible balances on my account to the following credit card:

Circle One: Visa MasterCard Discover AMEX

Last Four Digits of Credit Card Number ___ ___ ___ ___

Exp Date (mm/yy): ___ / ___

I understand that once the insurance has paid their portion for my care, I will receive an Explanation of Benefits (EOB). The insurance plan EOB will state any balance remaining to be paid by me. I agree that Bay Surgical Specialists may charge my credit card on file for the balance due when they receive a copy of the EOB.

Signature _____ **Date:**__ _____

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Printed Name: _

E-mail (if you would like an e-mail receipt): _
