

**Lombardi Institute of Dermatology, PLLC
Milan M. Lombardi MD
611 W Bay St, Suite 1E
Tampa, FL 33606
813-642-3164**

Credit Card Authorization Form

Our billing policy is structured similar to that of a hotel check-in process and aims to keep your visit efficient and focused on you and your needs. We ask that payments be made as professional services are rendered and require a valid credit card to be kept on file to expedite this process. In an attempt to go green all of our invoices are sent electronically by email, if requested, immediately after your appointment. You can elect to pay at the end of your appointment by cash, check, or credit/debit card or have the invoice charged to your account on file.

Your credit card information will be kept electronically secured and will only be accessible to our biller. If a paper copy of this form is used, a high security level micro-cut shredder will destroy it after it is electronically filed. This information is for our internal billing purposes only and will not be shared with any outside parties without your permission.

I, _____, hereby authorize Lombardi Institute of Dermatology, PLLC to charge any outstanding balances on my account or my dependent's account to the following credit card.

Signature _____ Date _____

Name on Card _____

Account Number _____ Exp _____

3 Digit Security Code _____ Zip Code _____

Patient Name _____ DOB _____