



15215 Shady Grove Rd. # 100
Rockville, MD 20850
(301) 519-0902
Fax (301) 519-0905

Patient Credit Card Sponsor

I, _____, authorize Physicians Now Urgent Care Center (PNUCC) to charge my credit card below, for the service(s) received by _____ today and for any patient-responsible balance(s) for the service(s) received after the claim(s) has been processed by his/her insurance company.

My address is:

Check one: Visa MasterCard Discover Amex

Credit card last 4 digits of my credit card: _____ Exp. Date (mm/yy): _____

I also authorize PNUCC securely place my card on file for this and future patient service(s) for above named patient. **Please note that your card information is encrypted and is not visible to any of PNUCC staff or assigns. It is maintained through a secure gateway.**

Please check one:

- I authorize PNUCC to keep my card on file
- I DO NOT authorize PNUCC to keep my card on file.

Declined transaction/closed account:

- You will be notified by phone by our billing department to provide alternate card for payment.
- A \$50 penalty will be added to all accounts if no alternative payment is provided.
- An additional monthly late fee charge of 12% of the balance will also be applied to any account that is 30 days past due from the date of the failed transaction.

Printed Name: _____ Signature: _____

Date: _____

Please attach a copy of your driver's license.